Stipend Support for Consumers and Family Members Application Packet

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Definition of Developmental Disability

Developmental Disability Assistance and Bill of Rights Act of 2000

1. Developmental Disability —
   A. In General — the term "developmental disability" means a severe, chronic disability of an individual that:
      i. is attributable to a mental or physical impairment or combination of mental and physical impairments;

      ii. is manifested before the individual attains age 22;

      iii. is likely to continue indefinitely;

      iv. results in substantial functional limitations in 3 or more of the following areas of major life activity:
         1. Self-care
         2. Receptive and expressive language
         3. Learning
         4. Mobility
         5. Self-direction
         6. Capacity for independent living
         7. Economic self-sufficiency; and
         8. reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

   B. Infants and Young Children — an individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the criteria described in clauses (i) through (v) of subparagraph (A) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

Consumer and Family Member Stipend Application
Application Instructions

**Please refer to the terms of the stipend listed on the website at www.tcdd.texas.gov.

Part I: Project Profile
A-D. Organization Identification: Complete identifying information as indicated.

E. Organization Type: Code the agency type that matches your organization (e.g., private nonprofit agencies, state associations or county chapters, local, city or county governmental agency). The codes are as follows: 01-state agency; 02-local governmental agency; 03-private, nonprofit agency; 04-public, nonprofit agency; 05-private, for-profit agency; 06-institution of higher education.

F. Vendor Id Number: This is the 14 digit number assigned to your organization by the Texas State Comptroller in order for you to receive funds.

G. Title of Event/Activity and Event Location: Complete information as requested.

H. Dates of Event/Activity: The "Begin" to "End" dates should reflect the first and last day of the month in which the event will occur.

I. Number of Individuals to be served: Estimate the total number of participants expected to attend the event. If possible, estimate the number of individuals with developmental disabilities and the number of family members who will be present.

J. Event Summary: The theme/purpose statement should indicate how the event will benefit individuals with developmental disabilities and their family members.

K. Project Financial Information: Enter the proposed budget figures for this project. We require the sponsoring agency to also provide partial financial support for the participants in the form of "match" funds. The minimum match requirement is 10%. The Council strongly encourages additional match be provided.

L. Authorizing Official, Title, and Signature: The sponsoring organization's executive director, board chairperson, or other official who has the authority to obligate agency resources to carry out this project.

Part II: Personnel Information
Please see Instructions on the Form

Part III: Event Program Information

- Provide a summary of the program/activities and conference agenda.
- Show **total** anticipated direct costs and income for the **entire** conference. Conference costs must not include "in-kind", TCDD Amount Requested or agency administrative costs (e.g., clerical support, staff coordination efforts.)

Part IV: Financial Information

Part A: Budget Detail, and Budget Justification

List direct costs requested for stipend support. TCDD costs may include:

- conference registration fees,
- travel, meals and hotel accommodations (not to exceed State of Texas rate),
- personal assistance services,
- respite services

Hotel accommodations must be budgeted on the basis of double occupancy. Exceptions must be requested with justification.

Note: TCDD Funds or Match costs **may not** include speaker fees or meeting room/audio visual equipment.

B. Matching Funds

Matching costs must be direct support costs for the recipients of the stipends (e.g., lodging, registration, meals, transportation, respite and personal assistance services), not costs generally distributable to all conference/workshop participants or costs which would been incurred regardless of TCDD participation. The required match rate is approximately 10%, however you must compute the match rate by dividing the total amount requested from TCDD by 9.

Source of funds for matching costs must be non-federal.

Part V: Certification Statement

The applicant is acknowledging they have read and will comply with all the Assurances found at the beginning of this application. Please complete the Certification Statement, sign it, and return with the completed Stipends Application to TCDD. The Application must have the Certification Statement signed and returned to be accepted.

Part VI: Stipend Reports

The Stipend Reports are due after the end of the event/conference. Both the program and financial parts are due no later than 30 days after end of event/conference. Please submit the Program Performance and the Reimbursement Reports together. Please see the instructions at the end of this section for further information.

Part VII: Application Review

- Stipend applications must be submitted no later than 60 days before the first day of the event. Applications submitted after this deadline will not be reviewed.
- Any requested revisions to an application made by TCDD must be returned within 5 days of the request.

Consumer and Family Member Stipend Application

Part I: Project Profile
Note: Please review the accompanying guidelines prior to completing this form

A. Name of Organization:____________

B. Address:_________________________

C. Contact Person:__________________

D. Telephone Number:_______________Email:____________________________________

E. Check Type of Organization:_______

(01) State Agency (02) Local Government Agency

(03) Private, Non-Profit (04) Public, Non-Profit

(05) Private, For-Profit (06) Institution of Higher Education

F. Vendor Identification Number:____

G. Title of Event/Activity and Event Location:____________________________________

H. Will the Event/Activity be co-sponsored? Yes__________No______________________

If yes, organization name:____

I. Dates of Event:
From:______________________________To:_______________________________________

J. Type of individuals to be served and estimated number of people to be supported:
____

K. Event Summary (3 lines):

____

____

____

L. Project Financial Information:
TCDD Amount Requested:___________Match:____________________________________

M. Authorizing Official:
Title:________________________________

Signature:__________________________Date:______________________________________

Part II: Personnel Information

Conference Support Personnel: Provide the names of key staff.

1. Event/Project Director: Primary Contact Email: Phone Number:

____

2. Financial Administrative Authority (FAA):

Signature of FAA:____

3. Alternate FAA (if one is available)

Signature of Alternate FAA:____

Part III: Event and Program Information

Event and/or Program Description: Please provide a concise summary description of the event with outcomes listed for how people with developmental disabilities and or their family members will benefit from attending the conference especially in terms of increased independence, increased productivity, integration and or inclusion (no more than 2 pages).

Conference Agenda: Please attach or provide a conference agenda, schedule or description of activities

Conference Costs: Show **total** anticipated direct costs and income for the **entire** conference. Conference costs must not include “in-kind”, TCDD Amount Requested or agency administrative costs (e.g., clerical support, staff coordination efforts.)

Part IV Financial Information

Budget Information: Please provide line item budget information. Please include a short explanation for each item in the budget (budget justification) along with requested amounts.

A. TCDD Funds Requested

Service Requested (Please include rate, days and numbers to be served)	Justification of Service Request (Please provide a short explanation of why the service is needed)	TCDD Funds Requested
1.		
2.		
3.		
4.		
	Subtotal A:	$

B. List Services to be Provided with Matching Funds:	Source of Matching Funds for Services Requested (including the method used for calculating in kind match)	Matching Funds to be Expended
1.		
2.		
3.		
4.		
	Subtotal B:	$

C. Total Costs (add A and B): $______________________________

Part V Assurances

Certification Statement

The grantee hereby assures and certifies that they have read and agree to comply with all guidelines and requirements with respect to this grant project as specified by

> The Developmental Disabilities Assistance and Bill of Rights Act, (DD Act) of 2000 (P.L- 106-402), http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=106_cong_public_laws&docid=f:publ402.106, and Federal Regulations Title 45 CRF, www.gpoaccess.gov/cfr/retrieve.html, Parts 74 or Part 92 (as applicable) and relevant cost principles.

The full list of assurances is available at Stipend Assurances, http://www.txddc.state.tx.us/grants_projects/stipendassur.asp, or by contacting Barbara Booker at TCDD, 6201 E Oltorf, Suite 600, Austin, TX 78741-7509 or e-mail to barbara.booker@tcdd.state.tx.us.

I certify that I have read all assurances and certifications and do hereby certify, warrant, and confirm that compliance with the assurances will be maintained.

Title:______________________________Date:____

Signature of Authorizing Official:____

Please sign and return this form with your Application. Failure to return this form with the appropriate signatures will result in the application not being considered.

Consumer and Family Member Stipend Documentation

Part VI: Stipend Eligibility Verification

To be completed by the consumer and/or family member participant

Part A: Consumers and family members must meet the federal definition as outlined in the Developmental Disabilities Assistance and Bill of Rights Act of 2000:

2. Developmental Disability —

A. In General — the term "developmental disability" means a severe, chronic disability of an individual that —

i. is attributable to a mental or physical impairment or combination of mental and physical impairments;

ii. is manifested before the individual attains age 22;

iii. is likely to continue indefinitely;

iv. results in substantial functional limitations in 3 or more of the following areas of major life activity:

1. Self-care.
2. Receptive and expressive language.
3. Learning.
4. Mobility.
5. Self-direction.
6. Capacity for independent living.
7. Economic self-sufficiency; and
8. reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

B. Infants and Young Children — an individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the criteria described in clauses (i) through (v) of subparagraph (A) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

This applicant does____________or does not______________meet the eligibility requirements as outlined in the developmental disabilities act.

I/we certify that no other source of financial support is available to allow my/our participation in the conference/event named in the stipend application.

Signature of consumer/family member:____

I certify that, to the best of my knowledge, the information above is true and correct:

Signature of project director:____

Part VII: Consumer and Family Member Stipends Evaluation
To be completed by the consumer and/or family member participant

Event:____

Date:____

Have you previously received a stipend from TCDD? __________Yes _______No

In what ways will the knowledge and skills gained from this event be useful to you?

Suggestions:

Comments:

Part VII: Program Performance Report
To be submitted 30 days following event

1. Conference Information
   a. Agency/Organization:____
   b. Agency/Organization Contact:____
   c. Event Title:____
   d. Event Date:____
   e. Event Address (City, State, Zip):____
   f. Event Description:____
   ____

2. How many participants did TCDD Funds Support to Attend this Conference?:__________
   a. Total number of Conference Attendees:____
   b. List the names, addresses and email (if any) of stipend recipients:
      1. ____
      2. ____
      3. ____
      4. ____
      5. ____
   c. Number of above individuals who have previously received a stipend from TCDD:_____

3. List Outcomes Completed: (Outcomes are the results of the event that are observable and/or measurable and show what the event accomplished (i.e. 50 persons received training on the new I.D.E.A. laws, 25 people received training on assistive technology, 15 people received training on self-employment for people with disabilities, etc).

5. Suggestions for TCDD about Future Participant Stipends:

6. Comments from Participant Experience: (Any stories or comments from stipend recipients about their experience in attending this conference)

Signature of event/conference director____

Signature of financial admin. authority____

Consumer and Family Member Stipend Reimbursement Instructions

1. Complete items 1 through 6 on the Request for Reimbursement Form (attached).

2. Be sure to use the approved budget from (Notice of Grant Award or Budget Revision Form). Note: Budget revisions cannot be approved after the end of the event.

3. Submit a Request for Reimbursement only for expenses that have been paid. Estimates or budgeted amounts are not accepted.

4. The final Request for Reimbursements must be submitted within 30 days of the event and must be accompanied by the Program Performance Report

Request for Consumer and Family Member Stipend Reimbursement

Due no later than 30 days after end of Event/Conference.

1. Name of Organization:____________________Telephone:____________________

Address:________________________________City/Zip:______________________

2. Number: DD-________________3. Budget Period (mm/dd/yy):_______to________

4. Category	A. TCDD Budget	B. Match Budget	C. TCDD Expended	D. Match Expended
Purchased Services	no data	no data	no data	no data
Other	no data	no data	no data	no data
5. Total	no data	no data	no data	no data
6. Matching Ratio %	no data%	no data%	no data%	no data%

7. Total TCDD Funds Requested $________

Remarks:____

____

I hereby certify that this report is true and correct to the best of my knowledge, and that all expenditures reported herein have been made in accordance with appropriate grant conditions and regulations and that payment is due and has not been previously paid.

____

Signature of Authorizing Official Title Date

____

Signature of Financial Administrative Authority Date Reimbursement Submitted

For TCDD Use Only

Approved for $__________by____________________________Date__________