

Consumer Conference and Event Stipends

For Consumers and Family Members

Stipend Request Form

Texas organizations that conduct qualified in-state professional or informational conferences, workshops or legislative advocacy skills training events can apply for grants to help more individuals with developmental disabilities and their family members to attend. For more information, please go to the [Funding Available](#) page of the Grants section of the TCDD website.

Instructions: Complete all sections of the application form. Please review the instructions in the Appendix prior to completing this form.



Part 1: Applicant (Organization) Information

A. Legal Name of Organization:

B. DBA Name (if applicable) :

C. Address:

D. Telephone:

E. Email Address:

F. 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

G. What types of services does your organization provide?

H. What is your organization's mission?

I. Organization's 14-digit State Comptroller Vendor ID:



**TEXAS COUNCIL for
DEVELOPMENTAL
DISABILITIES**

**J. Organizations Unique Entity Identification (UEI) (12-Digit Alphanumeric)
Number (this is NOT your DUNS number:**

**K. If you are a state agency, college, or university please provide your six-digit
Recurring Transaction Index (RTI Number:**

L. Website:



Part 2: Event Information

A. Title of Event:

B. Brief description of the Event (including content, target audience and expected outcomes)

C. Event Location:

D. Event Start Date:

End Date:

E. Estimated number of participants at this event:

F. Conference Agenda: Please attach a conference agenda, schedule or description of activities (no more than two pages).



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DISABILITIES**

G. Selection Criteria for Stipend Recipient(s) :

H. Name of Contact Person for Event:

Title:

Telephone:

Address:

Email Address:

Part 3: Stipend Funding Request

Please identify the anticipated expenses for this stipend grant. Please include a short explanation for each item in the budget justification along with the requested amounts. The funding request should include only direct costs for the individual and/or family member's event registration, travel, lodging, personal assistance services, respite, and other expenses associated with attending the event, as well as sources of any match funds. Matching funds of at least 10% of the total are required. See instructions in Appendix for additional details.

A. TCDD Funds Request

Number of Individuals/Family Members Receiving Stipends	
Individual Stipend Amount (per person .	\$
Total Dollar Amount of All Stipends to be Given	\$



Provide the stipend budget detail information below.

	Justification	TCDD Funds
Event Registration		\$
Travel		\$
Lodging		\$
Meals		\$
Other:		\$
Other:		\$
Other:		\$
Stipend Budget Total		\$



Match Funds Contribution		
<p>(Note: Minimum requirement is 10% of the total TCDD Funds Request.)</p>		
In-kind Cash/Services to be Provided as Match Funds	Source, Type, and Calculation of Match Contribution	Amount
		\$
		\$
		\$
Total Match Funds Contribution		\$

Part 4: Terms and Conditions

- Event stipends are available to Texas organizations to enable individuals with developmental disabilities and their family members to attend established in-state professional or informational conferences, workshops, seminars, or legislative advocacy skills training events that provide participants with information and awareness about best practices in services and supports to individuals with developmental disabilities and/or directly promote self-advocacy and self-determination.
- Applications must be received within 30 days of the days in advance of the starting date of the conference, workshop, seminar, or legislative advocacy skills training event
- Organizations that receive funds will be responsible for complying with all federal assurances, rules, and procedures of TCDD.
- Requests for Reimbursements and a final activity report is required summarizing the demographics of stipend recipients, knowledge gained by participants, and satisfaction of individuals with DD and their families must be submitted within 30 days after the conclusion of the event. A report template will be provided.
- Payments are made based on reimbursement after the event is conducted. Documentation and receipts will be required for all expenditures.
- Funds are limited to one \$7,500 event stipend grant per organization per year for one in-state conference seminar or workshop.

- A minimum of 10% in matching funds is required as a share of direct costs. For example, if the applicant requests \$7,500 from TCDD, the organization must contribute at least \$750 in matching funds for a total budget of \$8,250. All match, both cash and in-kind, can only come from non-federal sources and must be for direct and allowable costs as defined in 45 CFR, Part 75. Applicants may submit more than 10% match if available. For more information on sources for allowable match, please visit the [Grantee Resource Center](#) of our website.
- Organizations that receive funds may be asked to provide TCDD one exhibit booth per conference at no additional cost to TCDD.
- Program report summarizing the results and benefits of the activity, along with the Reimbursement Request, must be submitted no later than 30 days after the end of the event/conference.



Part 5: Certification Statement

Certification Statement

The grantee hereby assures and certifies that it will 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)*, and
- The Texas Council for Developmental Disabilities, as outlined in the TCDD *Grants Manual*, federal regulations in *Title 45 CFR Part 75*, and other relevant cost principles.

If granted funds under the *Developmental Disabilities Assistance and Bill of Rights Act, (DD Act) of 2000 (P.L- 106-402)*, I certify that I have read and accept all assurances and certifications and do hereby certify, warrant, and confirm that compliance with the assurances will be maintained.

Agency Authorizing Official:

Title:

Date:

Signature of Authorizing Official:

Please use the following instructions to complete the stipend request form:

PART 1: Applicant Organization Information

A.– L. Provide information about the applicant organization as indicated.

PART 2: Event Information

A. Title of Event: Indicate the title or name of the event.

B. Brief description of the Event 1-3 sentences : Indicate the type of education provided and how the event will benefit individuals with developmental disabilities and family members of individuals with developmental disabilities.

C. Event Location: Indicate the location (i.e., site, city and county) at which the event will take place.

D. Event Start and End Dates: The Event Start Date and End Date should reflect the duration of the entire event.

E. Estimated number of participants: 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 attend.

F. Conference Agenda: Attach the conference agenda, schedule or description of activities as part of the application. Limit to two pages.



G. Selection Criteria for Stipend Recipients : Indicate the criteria and selection process the organization will use to identify attendees who will receive these stipend reimbursements.

H. Name and Title of Contact Person for the Event: Provide the name and contact information for the person with whom TCDD may communicate regarding this event and stipend grant, if awarded.

PART 3: Stipend Amount Request

Part A: TCDD Funds Request

Provide the stipend budget detail, including the number of individuals with developmental disabilities and/or family members that will receive travel reimbursement through this grant, and the individual stipend amount.

TCDD costs may include:

- Event registration for the attendee s)
- Travel, meals and lodging e.g., hotel accommodations , not to exceed State of Texas rates Note: Hotel accommodations must be budgeted on a double occupancy basis. Exceptions must be requested with justification.
- Other e.g., personal attendant services, respite care

Part B: Match Funds Contribution

TCDD requires a minimum match of 10% of the total TCDD funds requested for the event stipend. For example, if the applicant requests \$7,500 from TCDD, the organization must contribute at least \$750 in matching funds for a total budget of \$8,250. Match funds are the share of costs the organization must contribute to the cost for the stipend recipients to attend the conference. All match, both cash and in-kind, can only come from non-federal sources and must be for direct and allowable costs as defined in 45 CFR, Part 75. The organization is strongly encouraged to provide more than 10% match. Additional information on allowable match can be found on the TCDD website [Grantee Resource Center](#) or [in this video](#).

List the sources and amounts of match funds the applicant organization will provide.

PART 4: Terms and Conditions

This section describes terms and conditions of the stipend. By accepting the stipend, the applicant agrees to comply with these terms and conditions.

PART 5: Certification Statement

By signing the certification statement, the applicant acknowledges to comply with all federal guidelines and rules. Applicants will review and sign a complete list of assurances in the award packet if selected.