

Disability-Related Speakers Stipend

Stipend Request Form

TCDD stipend support is available for conference speaker presentations on disability-related topics at established in-state professional or informational conferences, workshops, seminars, or legislative advocacy skills training events. Stipend support for conference speaker presentations is limited to events conducted in Texas. 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 accompanying guidelines 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).



G. 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.

H. Speaker Information: Please provide a brief, concise summary of the proposed speaker's bio and proposed topic. Please indicate how the topic is important to individuals with developmental disabilities and/or their families and how this presentation will benefit conference participants' ability to support independence, increased productivity, integration and/or inclusion for people with developmental disabilities.

Speaker A:

Speaker B:

Speaker C:



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

	Speaker A	Speaker B	Speaker C
Expense	Name: Title: Affiliation/Organization:	Name: Title: Affiliation/Organization:	Name: Title: Affiliation/Organization:
Speaker's Fee	\$ _____ Justification:	\$ _____ Justification:	\$ _____ Justification:
Travel, Meals & Lodging	\$ _____ Justification:	\$ _____ Justification:	\$ _____ Justification:
Personal Attendant Expenses	\$ _____ Justification:	\$ _____ Justification:	\$ _____ Justification:
Other (Please Specify):	\$ _____ Justification:	\$ _____ Justification:	\$ _____ Justification:
Other (Please Specify):	\$ _____ Justification:	\$ _____ Justification:	\$ _____ Justification:
Total TCDD Funds Requested	\$ _____	\$ _____	\$ _____



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

- TCDD stipend support is available for conference speaker presentations on disability-related topics at established in-state professional or informational conferences, workshops, seminars, or legislative advocacy skills training events.
- TCDD stipends are available to community organizations, for-profit businesses, nonprofits, municipal entities, colleges, and universities. Individuals are not eligible to receive these grants.
- Applications must be received within 60 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 rules and procedures of TCDD.
- Requests for Reimbursements and a final activity report summarizing the presentation, speaker ratings, conference or event attendance, knowledge gained by participants, and satisfaction of individuals with DD and their families must be submitted within 30 days after the speaking event.
- 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 conference presentation stipend per organization per year for one Texas in-state meeting, conference, or workshop.

- A minimum of 10% of the TCDD funds request in matching funds is required. 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 or watch [this video](#).
- 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. 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.

H. Speaker Information: Provide a short summary of the proposed speaker's bio and proposed topic. Indicate the importance of the topic to individuals with developmental disabilities and/or their families and how this presentation will benefit conference participants' ability to support independence, increased productivity, integration and/or inclusion for people with developmental disabilities. If more than one speaker is included in this request, complete this section for each speaker.

PART 3: Stipend Amount Request

Part A: TCDD Funds Request

Space is provided for up to three speakers. Provide the speaker information (including name, title, and affiliation/organization) and list direct costs requested for speaker support. TCDD costs may include:

- Speaker's fees
- 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.