



**Consumer Involvement Fund  
Application for Individuals and/or Families**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Name of contact person:** \_\_\_\_\_

**Ethnic Background** (optional):

- |  |   |
|--|---|
| <input type="checkbox"/> Hispanic          | <input type="checkbox"/> African-American |
| <input type="checkbox"/> Native American   | <input type="checkbox"/> Asian-American   |
| <input type="checkbox"/> European-American | <input type="checkbox"/> Pacific-Islander |
| <input type="checkbox"/> Other             |   |

**Have you received funds from the Consumer Involvement Fund before?**

- Yes                       No

**If yes, when?** \_\_\_\_\_

\_\_\_\_\_

# Proposal

Are you an Individual or a Family Member?

Individual

Family Member

Do you or your family member have a developmental disability? Please include a letter from your DD Case Manager or from a Special Education or Early Intervention professional. \_\_\_\_\_

What is the name of the event you want to attend or sponsor? \_\_\_\_\_

\_\_\_\_\_

Do you have a job to do at this event, such as presenting? If so, are any fees waived or expenses covered? \_\_\_\_\_

\_\_\_\_\_

How many people want to attend this event? \_\_\_\_\_

\_\_\_\_\_

When and where is the event you want to attend? \_\_\_\_\_

\_\_\_\_\_

What will you do with the information you gain? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please include at least one letter of support from an organization or professional.**

### **Budget**

**Registration** \$ \_\_\_\_\_

**Travel Expense** \$ \_\_\_\_\_

**Meals** \$ \_\_\_\_\_

**Child/Respite Care** \$ \_\_\_\_\_

**Personal Assistant** \$ \_\_\_\_\_

**Other** \$ \_\_\_\_\_

**Total Expense expected** \$ \_\_\_\_\_

**\*Minus Amount of matching funds or personal funds available** \$(\_\_\_\_\_)

**TOTAL FUNDS NEEDED** \$ \_\_\_\_\_

**\*Have you been able to find assistance from other sources (service clubs, ARC, other disability agencies or organizations, scholarship from conference sponsor?) Amount received.** \$ \_\_\_\_\_

**\*Are you able to pay any part of the expenses yourself? Amount you can pay?** \$ \_\_\_\_\_

**Please attach a copy of a flyer or brochure about the event you want to attend and tell us when you need the funds. You must apply at least four weeks ahead of the event to allow adequate time for review and approval.**

**Do you need funds in advance of the event or can you wait to be reimbursed after the event? Circle one: Yes need in advance, or No reimburse me**

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Council must receive a completed application at least four weeks prior to the event you want to attend. Invoices, along with required receipts and a completed participant survey, must be returned to the Council within 30 days after the event.**

**The Consumer Involvement Fund Committee, made up of members of the Oregon Council on Developmental Disabilities, reviews all applications and makes funding decisions. By submitting an application you are not guaranteed funding.**

**Please Mail or Fax To:  
OCDD  
540 24th Place, NE  
Salem, Oregon 97301  
Fax: (503)-945-9947  
E-Mail To: [ocdd@ocdd.org](mailto:ocdd@ocdd.org)**