



**Consumer Involvement Fund  
Agencies and Organizations  
Application**

**Name of Agency or Organization:** \_\_\_\_\_

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

\_\_\_\_\_

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

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

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

**Name of Contact Person:** \_\_\_\_\_

**Has your agency or organization received funds from the Consumer Involvement Fund before?**

Yes                       No

**If yes, when and for which event?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Please provide a detailed budget (include any matching funds from your own or other resources). What will CIF funds cover: Registration, Travel, Meals, Child/Respite Care, Personal Assistant Services, etc. Indicate if individuals will be asked to pay part of expense.**

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

**The Council must receive a completed application at least four weeks prior to your event. Invoices (including a complete list of individuals receiving stipends and individual stipend amounts), must be returned to the Council within 45 days after your event. Include participant surveys that you have collected at that time; all surveys must be submitted within 90 days after the event.**

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

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