

COMMUNITY INTEGRATION PROJECT

Dear Stipend Applicant:

The Community Integration Project invites persons with developmental disabilities (a developmental disability is defined as a long-term disability that occurs before a person reaches age twenty-two and that results in substantial limitations in at least three of the following areas: self-direction, self-care, language, learning, mobility, the capacity for independent living, or economic self-sufficiency) and their family members to request stipends to attend national and state conference, workshops and training seminars that deal with any theme relevant to the broad fields of disabilities, advocacy, or leadership.

The project is possible through generous funding from the **West Virginia Developmental Disabilities Council** to Mountain State Centers for Independent Living.

Instructions: Please read all pages carefully, **the format has changed**.

Funding Guidelines and Application for Leadership Development Stipends

General Information

1. All stipend applications will be awarded on a “first come/first serve” basis, except in cases when an individual requests money to attend out-of-state conferences.
2. The Community Integration Project can fund only one (1) stipend per person, per year, to attend an out-of-state conference.
3. The stipend money can fund only two (2) West Virginians to attend any specific out-of-state conference. We want everyone to have the opportunity to attend out-of-state conferences. Persons who have attended an out-of-state conference the previous year may not get first priority unless, (1) it is a different conference, or, (2) no other request have been submitted.
4. Costs can not be reimbursed unless requested forms are completed upon return from conference or workshop. You must submit forms with **14 days of return form conference**. When accepting your approved stipend, you are agreeing to abide by our request for the return of receipts and completed forms. If you do not return the requested forms and receipts **you will not receive any future stipends**.

Please get your stipend request in **eight weeks** prior to a scheduled conference. **Stipends will not be considered unless conference schedule is attached.** In some cases, we realize that such early notice will be impossible, and therefore, if your application is approved, we may request you to forward your own money to pay conference costs. You would then be reimbursed within a month after all receipts are received in the accounting office.

Review and Selection Process

Stipends will be processed and awarded every month to ensure flexibility. If your request for a stipend is awarded, you will be informed of this decision as soon as possible after processing.

Reimbursement of Costs

As a stipend recipient, we will assist you in making all travel arrangements and pay the bills directly for the registration fee, transportation, (if you fly or go by train), and hotel. **If you are requesting sponsorship for your registration, please be sure your registration form is completely filled out when you submit your stipend application.**

Since stipend money is limited and intended to help defray out-of-pocket expenses, we ask each applicant to personally help out with conference costs, or to request their sponsoring agency to do the same. Examples might be taking care of any of these individual fees: child care, gasoline, food, registration, or hotel.

If you are awarded gas money, it will be reimbursed upon your return and will require receipts.

If you are awarded meal allowance money, a cash advance may be sent to you. **Meal advances will not be given for an amount of \$10.00 or under.** You are required to keep the receipts and return them to us. The meal allowance money is based on the State of West Virginia travel regulations. These rates vary from state to state and from city to city. These amounts are adjusted per day based on departure and return times, as well as, meals already provided at the conference or hotel. **(If you are requesting meal allowances, you must complete the departure and return time in the Travel Arrangements section of the Stipend Application Worksheet.)** If you have questions regarding the daily meal allowance rates you may contact the Community Integration Project, Administrative Assistant for help.

Miscellaneous Receipts

You will be required to obtain receipts for miscellaneous expenses such as road tolls, parking, or cab fare. **These receipts should be submitted along with food, hotel, registration, and travel receipts within 14 working days of return from your training. If receipts and requested forms are not received within 14 days of your return from requested conference, we will be unable to reimburse your expenses and will not assist you with further conferences. If you have been given a meal advance, you will be requested to repay the amount of your stipend.** Telephone cost, movies, and incidentals are your responsibility.

Feedback

In order to help us share information with various people throughout West Virginia, the conference feedback is a vital part of this stipend process. Please submit your conference feedback form within 14 working days of return from your training. **The feedback form *must* be submitted. Expenses cannot be reimbursed until the feedback form is submitted.**

HOW YOU CAN HELP:

The Community Integration Project respectfully requests, that upon returning home, individuals receiving stipends take an active part in spreading the information learned at the conference to their local communities.

This may be in the form of:

- Speaking to specific groups locally, such as parents, educators, community leaders, and agencies.
- Starting a support group or special interest group locally.
- Passing out articles and materials picked up at the conference.
- Doing advocacy work.
- Being willing to be a referral source to others with similar interests.

Please answer the following:

Have you attended a conference under the sponsorship of the Community Integration Project?
___ Yes ___ No

If you answered yes, please complete the following:
What conference did you attend?

Please list some of the information from the conference you feel was most helpful.

Justification for Attending: Please explain why you would like to attend and what you hope to learn (attach an extra page if needed).

How Do You Plan to Share Information You Received From This Conference?

Is your application complete? Have you included:

- Completed Stipend Application Packet
- Copy of Conference Program
- Completed Registration Form

Mail to: Mountain State Centers for Independent Living
Kelly A. Dowdy
Community Integration Project
821 Fourth Avenue
Huntington, WV 25701

How did you hear about the Community Integration Project?

Travel Arrangements: All travel and lodging arrangements will be made through our agency. Please complete departure time.

Estimate cost: Airline tickets _____ @ _____ each	Total Cost	Amount Approved
Bus tickets _____ @ _____ each		

From (city)/ desired departure date and time:

To (city)/ desired return date and time:

I prefer to drive my car. Estimate of mileage: _____ The approximate cost of gasoline: _____	Total Cost	Amount Approved
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Hotel Costs: Lodging arrangements will be made directly through our agency. Phone costs, movies and incidentals are not included in stipend money given.

I prefer (check all that apply):	Double Room: _____	Single Room: _____	Non- Smoking: _____	Wheelchair Accessible: _____ _____ _____	Other (TDD/TTY, etc.): _____ _____ _____
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Total nights _____ X _____ per night	Total Costs	Amount Approved
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Please list any special travel arrangements needed:

Meal Allowance:

Food costs may be requested in advance. It is important to complete the arrival and departure times in travel arrangement section of the stipend, if you are asking to receive a meal advance.

	Total Cost	Total Approved			
Total days attending conference: _____ X _____ amount requested per day. Number of persons attending conference: _____ X _____ amount requested per day. Please list any meals provided at hotel or as part of the conference: _____ _____ _____ _____		Date	B	L	D
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		_____	_____	_____	_____
		Total	_____	_____	_____
<p><u>Child Care Cost</u></p> Number of days _____ X _____ cost per day. Number of children _____ X _____ total of days and cost per day.					
<p>Total Conference Estimate</p>					

By applying for a stipend through the Community Integration Project you are agreeing to enter into a partnership to share expenses. Please enter below all of the costs that you will be able to contribute to this conference. Please remember that the more you are willing to contribute the more funding that will be available for others to attend conferences.

I will contribute:

\$ _____ childcare \$ _____ food
 \$ _____ gasoline \$ _____ hotel
 \$ _____ registration \$ _____ other

Total Stipend Participant Contribution	Total Cost	Amount Approved
<i>Total Stipend Request (Subtract Total Stipend Participant Contribution from Total Conference Estimate)</i>		