The Commonwealth Council on Developmental Disabilities (CCDD) has a reimbursement grant available for financial assistance for individuals with developmental disabilities and their close support network (parent, therapist, teacher, etc.) to participate in both in and out-of-state leadership development opportunities. The purpose of the fund is to empower individuals to achieve full citizenship and inclusion in their community through education, capacity building and advocacy.
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**Who is eligible?**

A. Qualifying individual - CCDD only considers applications from individuals with developmental disabilities, defined as a severe, life-long disability attributable to mental and/or physical impairments, manifested before age 22. Developmental disabilities results in substantial limitation in 3 or more areas of major life activities: (Developmental Disabilities Act, Section 102(8) )

- Capacity of independent living;
- Economic self-sufficiency;
- Learning;
- Mobility;
- Receptive and expressive language;
- Self-care;
- Self-direction.

This person is considered the qualifying individual. All applications must include the name of the qualifying individual.

B. A qualifying individual or a member of the individual's close support network may request funds; however this will be done under the qualifying individual name.

C. Any usage of the fund will count toward the total allowable approved funds usage for the qualifying individual.

**How often can a qualifying individual apply?**

The qualifying individual may apply for 2 in-state OR one out-of-state leadership development opportunities per year. Applications must be submitted 60 days prior to in-state and 90 days for out-of-state conferences.

Approval will be determined by a rating scale. The Council recognizes that actual expenses may not be available therefore, requested funds may be estimated. Deadlines for each quarter are as follows:

There is a limit of 3 applicants for out-of-state requests per event.
What is covered?

The following items are covered under the fund:
   Travel (airfare, mileage, etc.)
   Meals
   Registration
   Lodging
   Parking fees
   Attendant/Respite care

Reimbursement:

A. **CCDD does not pre-pay any expenses** related to an approved event. This includes both respite and attendant care related expenses.
B. CCDD reserves the right to change amounts.
C. All receipts over $10.00 must be submitted along with the Travel Reimbursement form. Failure to provide complete documentation within 30 days after event could result in forfeiture of reimbursement.

Disclaimer:

A. CCDD reserves the right to decline any application.
B. CCDD reserves the right to discontinue this grant program at any time.
C. Supplementation of wages for staff in other publicly funded (waivers) programs may not be requested. i.e. respite/attendant care.
D. CCDD Members/ Staff may contact you for more information.
E. CCDD is expected to be the payor of last resort.
F. Applications will be given consideration based on scores and available funding.

Please submit the application below to **carol.tudor@ky.gov**, fax, or via postal mail:

CCDD
32 Fountain Place
Frankfort, Ky 40601

Fax: 502/ 564-9826
LEADERSHIP DEVELOPMENT FUND APPLICATION

Name of Qualifying Individual: ________________________________

____ under 18  ____ over 18

Name of Parent/ Guardian (if applicable): ________________________________

Address: ________________________________ ________________________________

City:___________________________  County:______________ Zip:________

Telephone: ______________________  E-mail: _______________________

Name of Individual requesting funds: ________________________________

Social Security # (for reimbursement purposes only) ______________________

Relationship to the qualifying individual: ________________________________

Address: ________________________________ ________________________________

City:___________________________  County:______________ Zip:________
What is the name of the Leadership Development event you wish to attend?

______________________________________________________________

Is the event: ____ In-State   ____ Out-of State (check one)

How many people will be attending? ________________

Where is the event being held ________________________________

(Out-Of-State Only) Are similar resources not available in Kentucky? If no, please explain.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

What are the dates of the event (include travel dates)

______________________________________________________________

Have you received CCDD funds to attend this conference before? ________

If yes, when?____________________________________________________

What is the purpose of the event:

______________________________________________________________
What new information will be gained from this event and how will it affect the qualifying individual?

What activities will you do, or plan to do as a result of the training in the areas of advocacy this year?

If funded what increased opportunities will the qualifying individual have to make choices and decisions for themselves?

Does the qualifying individual receive any waiver services? If so, which?
<table>
<thead>
<tr>
<th>Total Proposed Budget</th>
<th>Other Sources of Funding (amount)</th>
<th>TOTAL $ AMOUNT</th>
<th>CCDD USE ONLY</th>
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<tbody>
<tr>
<td>Registration:</td>
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<td>Airfare</td>
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<td>Auto- $0.50/mile (or current State Rate)</td>
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<td>Ground Transportation/ Parking: (to and from airport)</td>
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<td>Hotel Accommodations:</td>
<td>Single _____ Double _____</td>
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<td>TOTALS</td>
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</tbody>
</table>

Total amount requested from CCDD: $________________

Signature: ____________________________________________________________________________________ Date: ________________

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32 Fountain Place
Frankfort, Ky 40601

Fax: 502/ 564-9826