

**NC Council on Developmental Disabilities (NCCDD)
Jean Wolff-Rossi Fund for Participant Involvement (Rossi Fund)
APPLICATION FORM
(ONLY ONE NAME PER APPLICATION)**

If you need assistance completing this application, please contact 1-800-357-6916.

**APPLICATIONS MUST BE RECEIVED 15 DAYS PRIOR TO THE FIRST DAY OF AN IN-STATE EVENT OR
30 DAYS PRIOR TO THE FIRST DAY OF AN OUT-OF-STATE EVENT.**

*** Required Information**

*Name: _____ Today's Date: _____

*Address: _____

*City: _____, NC *Zip: _____

*Phone: Home/Cell: _____ Work: _____

Email Address: _____

Ethnic Status (optional)

_____ *Hispanic* _____ *African-American* _____ *Caucasian*

_____ *Asian-American* _____ *American Indian* _____ *Other*

*** Disability Connection:** To meet the criteria for receiving funds from the Jean Wolff-Rossi Fund for Participant Involvement please complete the following information:

(Check all that Apply):

- _____ I am a person with a developmental disability.
- _____ My family member is an adult with a developmental disability.
- _____ I am a parent of a child with a developmental disability.
- _____ I am a parent of a child at risk of a developmental disability.
- _____ I am the individual guardian for a person with a developmental disability.

*** Event You Plan to Attend and Seek Financial Assistance:**

(NOTE: With this application, you must submit the official brochure with event description, schedule and registration form or the event website address.)

Event: _____

Location: _____ Event Date: _____

Have you attended this event before? Yes _____ No _____ Date last attended _____

Website address about this event (if available): _____

Have you used the Rossi Fund (formally Participant Involvement Fund) before? Yes ___ No ___
If yes, for what event? _____, and when?
Date: _____ Amount received \$ _____

*** STATEMENT OF PURPOSE:**

In the spaces provided below, please write a brief statement explaining your goals related to this particular event. Answer these 3 questions:

<p>1. What is it you hope to learn/achieve by attending?</p>
<p>2. What will you do with the information you receive at this event?</p>
<p>3. How will you share the information with others in your community?</p>

***FINANCIAL ASSISTANCE IS NEEDED FOR:**

The Jean Wolff-Rossi Fund for Participant Involvement (Rossi Fund) can only partially fund the cost of attending an event.

Please indicate the amount of funds you are requesting – You may apply for funds from up to 3 of the expense categories listed below. There is a limit of \$600 per year, per person, per household for in-state events and up to \$800 per year, per person, per household for out-of-state events:

Check Up to 3	<u>Expense Categories</u>	<u>Rossi Funds Requested</u>	<u>Notes</u>
	Conference/seminar registration	\$	
	Hotel/Lodging	\$	# of nights _____ X \$_____ per night (up to \$98 in-state; \$98 out-of-state)
	<p>Transportation List estimated mileage cost or other type of transportation (air, bus, train, etc.)</p>	\$	<p>From (city, state): _____</p> <p>To (city, state): _____</p> <p>Round-trip mileage _____ x \$0.____/mile (65.5 cents/mile – NC State government rate is subject to change)</p> <p><u>Or</u> Other Transportation: _____</p> <p>Other expenses are at the discretion of the NCCDD</p> <p>1. Airplan Travel Cost : <input type="text"/></p> <p>2. Train Travel Cost : <input type="text"/></p> <p>3. Bus Travel Cost : <input type="text"/></p> <p>4. Uber/Cab Travel Cost: <input type="text"/></p> <p>5. Car Rental Cost: <input type="text"/></p> <p>Expected Cost Round-Trip of Travel Method/s: <input type="text"/> (Sum of 1 to 5)</p> <p>Total cost of transportation: Mileage + Other Method of travel <input type="text"/></p> <p>Other expenses are at the discretion of the NCCDD</p>

	Child Care/Respite	\$	# of hours _____ X _____ days X \$15.60/hr. (max. \$150/day)
	Personal Attendant	\$	# of hours _____ X _____ days X \$15.60/hr. (max. \$150/day)
	TOTAL	\$	

***Other expenses are at the discretion of the NCCDD**

I have read and meet the criteria of the guidelines, and completed this application with all information requested.

***Signature:** _____ **Date:** _____

DISCLAIMER:

The Jean Wolff-Rossi Fund for Participant Involvement (Rossi Fund) is not an entitlement. The NCCDD reserves the right to use discretionary judgment on any application they deem appropriate. Funds will be distributed consistent with the Council's mandate in Federal Law for commitment to systems change, advocacy, and capacity building.

Proof of submission: You will receive a return e-mail to confirm your submission. If you have not heard from the Rossi Fund in three days, please give us a call.

US MAIL: NCCDD-Rossi Fund
2010 Mail Service Center
Raleigh, NC 27699-2010

EMAIL: RossiFund@nccdd.org

PHONE: 1-800-357-6916