



Idaho Council on Developmental Disabilities  
 700 W. State St., First Floor  
 Boise ID 83702-5868

## INDIVIDUAL CONFERENCE FUNDING APPLICATION

1.	Applicant Name			
	Address		City	Zip
	Phone No.		Email address:	
	How did you hear about the Council?			
2.	Title of Conference			
	Sponsoring Organization			
	Location of Conference	Dates of Conference		
3.	Please Check One of the Following:			
	<input type="checkbox"/> Individual with Developmental Disabilities	<input type="checkbox"/> Parent/Grandparent/Guardian of a Child with Developmental Disabilities		
	<input type="checkbox"/> Individual representing People With Developmental Disabilities for		(List Org.)	
4.	Transportation Cost		\$	
	Estimated Meals/Hotel Cost Totals		\$	
	Circle All Applicable: Registration Parking Taxi Respite List Other: _____		\$	
	Total Amount Requested		\$	
	List Other Sources of Funding Solicited			
	List Other Funding (Amounts) Received	\$	\$	\$
5.	How will this conference address issues of importance to Idahoans with developmental disabilities? How does it fit with the Council's Annual Plan? (available to view at <a href="http://www.icdd.idaho.gov/plans.aspx">http://www.icdd.idaho.gov/plans.aspx</a> )			
6.	The Council expects you will use the knowledge gained to educate others in your community. How do you intend to do this? (Example: presentation to school board, PTA or parent group) Use additional pages if needed			

**A COPY OF THE CONFERENCE AGENDA IS REQUIRED**

All approved requests are paid by **reimbursement** & have a **maximum** reimbursement amount.

**ALL CONFERENCE REQUESTS MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO CONFERENCE**