

*** STATEMENT OF PURPOSE:**

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

1. What is it you hope to learn/achieve by attending?

2. What will you do with the information you receive at this event?

3. How will you share the information with others in your community?

***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. Rossi Funds are available to reimburse individuals for the types of expenses listed below (individuals may apply for funds to cover up to 3 of these expense categories):

Please indicate the amount of funds you are requesting – You may apply for funds from up to 3 of the expense categories listed below:

Check Up to 3	<u>Expense Categories</u>	<u>Rossi Funds Requested</u>	<u>Notes</u>
	Registration	\$	
	Hotel/Lodging	\$	# of nights _____ X \$ _____ per night (up to \$65.90 plus tax in-state; \$78.05 plus tax out of state)
	Transportation list estimated mileage cost or other type of transportation (bus, train, etc.)	\$	From (city, state): _____ To (city, state): _____ Round-trip mileage _____ x \$0.405/mile <u>Or</u> Other Transportation (type): _____
	Child Care/Respite	\$	# of hours _____ X _____ days X \$8/hr. (max. \$170/day)
	Personal Attendant Services	\$	# of hours _____ X _____ days X \$8/hr. (max. \$170/day)
	TOTAL	\$	

I have read and meet the criteria of the guidelines, meet the definition of developmental disability given, and completed this application with all information requested. I have also enclosed the official brochure with event description, agenda/schedule and registration form or the same information copied from the official event web page/site.

***Signature: _____ Date: _____**

DISCLAIMER:

The Jean Wolff-Rossi Fund for Participant Involvement (Rossi Fund) is not an entitlement. The Rossi Fund Committee 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.

**Incomplete applications may be returned to applicants for completion.*

****DO NOT SUBMIT WITHOUT ATTACHING THE OFFICIAL BROCHURE with EVENT DESCRIPTION, AGENDA/SCHEDULE, AND REGISTRATION FORM or THE SAME INFORMATION COPIED FROM THE OFFICIAL EVENT WEB PAGE/SITE.**

**MAIL, EMAIL
OR FAX TO:**

Karen Stallings
Rossi Fund Coordinator
Jean Wolff-Rossi Fund for Participant Involvement
NC Council on Developmental Disabilities
3801 Lake Boone Trail, Suite 250
Raleigh, NC 27607

EMAIL:

RossiFund@nccdd.org

FAX:

(919) 420-7917

PHONE:

(919) 420-7901 (toll free): 1-800-357-6916

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