



NCCDD CONFERENCE FUNDING REQUEST (Form B)

Read NCCDD Conference Funding Policy prior to completing this form

NAME OF AGENCY MAKING REQUEST:

MAIN CONTACT:

NAME:

AGENCY ADDRESS:

EMAIL ADDRESS:

TELEPHONE:

**CONFERENCE TITLE AND BRIEF DESCRIPTION OF EVENT OBJECTIVE:
(Attach Conference Brochure)**

DATE(S) OF CONFERENCE: (Month/Days of Week/Dates/Year)

CONFERENCE LOCATION: (Conference Center, City)

NAME AND TITLE of SPEAKER PROPOSED FOR NCCDD SPONSORSHIP:

**TITLE OF SPEAKER'S PRESENTATION and TOPIC DESCRIPTION:
(Attach Speaker's Bio Including Contact Information)**

DATES OF TRAVEL FOR SPEAKER:

SPEAKER FEE:

TOTAL COST OF SPEAKER TRAVEL:

NOTE: Upon NCCDD approval of request, a Conference Funding Grant Application must be completed and submitted. The completed Conference Funding Request form becomes *Form B* of the Grant Application.



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(Continued)

Refer to attached NCCDD Conference Funding Policy for assistance with the following questions

1. Does the facility where the event will be held meet Americans with Disabilities Act (ADA) requirements for accessibility? Y_____ No_____

2. Describe the conference planning committee activities focused on ensuring event ADA compliance:

3. Who is the target audience for this presentation/conference?

4. Does the event planning committee include people with disabilities and family members?
Y_____ N_____

5. Who are the members of the event planning committee?

6. Describe event activities having implications for systems change, advocacy, and community capacity building:

7. Describe how the event will build or enhance collaboration or partnership with key stakeholders, e.g., people with intellectual and other developmental disabilities, their families, state and other governmental agencies, providers, and the NC ADD Network*:

8. List the names of other agencies, organizations, and individuals providing sponsorship or endorsement of this event:

Upon signature, applicant agrees to acknowledge NCCDD on conference flyers and agendas, waive up to 5 registration fees for NCCDD members or staff, and to complete the NCCDD Conference Funding Grant Application.

Signature _____ **Date** _____

*NC ADD Network: North Carolina Administration on Developmental Disabilities Network includes the Center on Development and Learning (University Center on Excellence on Developmental Disabilities); Disability Rights North Carolina (NC Protection and Advocacy Organization), and the North Carolina Council on Developmental Disabilities (NCCDD). These three agencies are required by the Developmental Disabilities Bill of Rights and Assistance Act to collaborate to support and assist people with developmental disabilities and their families.