

KENTUCKY COUNCIL ON DEVELOPMENTAL DISABILITIES



CONSUMER INVOLVEMENT FUND



What is the Consumer Involvement Fund?

The Kentucky Council on Developmental Disabilities has a limited pool of funds are made available as financial assistance for advocates in the developmental disabilities field to participate in conferences and short-term educational programs. The Council provides this support as a method of capacity building for Kentucky.

Through participation in regional and national conferences, Kentucky advocates can share information about local initiatives, and learn from their counterparts in other communities. We believe this exchange helps us grow and work smarter on behalf of persons with developmental disabilities.

If you attend a conference or educational program with Council support, we expect two things in return. First, that you'll provide a report to the Council describing what you've learned and shared during the program and how the information applies to meeting the needs of individual with disabilities in Kentucky. Second, that you'll be a resource person to whom we can refer other citizens who contact the Council seeking information about the topic of the program you attended.

You may apply for assistance to attend conferences or educational programs or advocacy by making a written request. Include the conference brochure, dates, and location, along with the amount you are paying and the amount of your request. Enclose a copy of the conference brochure. Council travel policy complies with Kentucky State Travel Regulations.

If you need assistance developing a request, or if you would like further information, please call (502) 564-7842 or toll free at 1-877-367-5332.

Who Can Apply to the Consumer Involvement Fund?

The Consumer Involvement Fund is designed to assist persons with developmental disabilities and their support network.

Consumer Involvement funding is based upon the individual who meets the following criteria:

- A person with a ***developmental disability***-Developmental Disability (DD) are severe, life-long disabilities attributable to mental and/or physical impairments, manifested before age 22. DD results in substantial limitation in 3 or more areas of major life activities:

Capacity for independent living;

Economic self-sufficiency;

Learning;

Mobility;

Receptive and expressive language;

Self-care;

Self-direction.

Consumer Involvement Fund Travel Policy

ALL TRAVEL REQUESTS MUST BE MADE IN WRITING TO THE COUNCIL. You must submit the following:

- **COVER LETTER:** Explain to the Council why you want to attend the particular event, how you think it will be beneficial to you, and how you will use the information in the future;
- **CONFERENCE BROCHURE:** This brochure should contain the sponsor's name, the dates and times of the conference, the hotel information where you will be staying (listing the room rate and hotel's phone number) and any conference registration fees. If there is not an official brochure, or if all information is not included on the brochure, call the Council staff and they will work with you to get the pertinent information.
- **APPLICATION FORM:** Complete the Consumer Involvement Fund application.
- **BUDGET SHEET:** Complete the budget sheet on page 4. If you are traveling with another individual and sharing cost, request only your portion of the cost.

THE COUNCIL'S EXECUTIVE COMMITTEE APPROVES ALL REQUESTS FOR TRAVEL. All approved requests are referred to the Council staff for processing. This involves obtaining necessary state approvals and forwarding to the Cabinet for Family and Health Services travel section for payment.

REQUESTS FOR IN STATE CONFERENCES/TRAININGS MUST BE SUBMITTED AT LEAST 4 WEEKS AHEAD OF REQUESTED TRAVEL DATE. REQUESTS FOR OUT-OF-STATE TRAVEL MUST BE SUBMITTED AT LEAST EIGHT (8) WEEKS AHEAD OF REQUESTED TRAVEL DATES. THESE TIMELINES WILL BE STRICTLY ENFORCED.

Be sure to include dates of travel in your request, include travel dates (departure and return). If you must leave the day before a conference that date must be included in the travel request. **If a date has been left off the request, you will not be reimbursed for that day.** State approval for out-of-state travel is a lengthy process, so plan ahead. The Council limits requests per out of state conference to 3 qualifying individuals. This will be on a first come first served basis. If you know you want to attend a conference that is well attended, submit your request in advance.

ALONG WITH THESE REQUIREMENTS THERE ARE SOME VERY IMPORTANT POLICIES WITH WHICH THE COUNCIL AND THE TRAVELER MUST ABIDE:

- The Council will consider travel requests up to twice a fiscal year (July-July) for in-state trainings, not to exceed \$350 per qualifying individual for each in state trip **OR** once a year for out of state trainings, not to exceed \$1,500 per qualifying individual. Personal Care Attendants and Respite is excluded and separate from the total.
- **You must pay all expenses you encounter up-front.** This includes **registration, airfare parking, transportation, hotel accommodations, meals and respite or attendant care.** If you are not able to provide these up-front costs, you may look for a third party to whom you can assign your travel claim, but this requires much preparation, so plan accordingly. **The Council cannot be direct billed for any Consumer Involvement Fund costs.**
- Per Diem costs are calculated on a daily basis. In-state and out-of-state meals will be reimbursed up to the following amounts: **Breakfast \$7.00, Lunch \$8.00, Dinner \$15.00** for standard rate

areas, and **high rate areas will be reimbursed at \$8.00, \$9.00, and \$19.00** respectively (this includes gratuity). Deductions will be made for conference-sponsored meals (except continental breakfast) whether you eat them or not. If meals provided at the conference are an additional fee, you can choose whether or not to “participate” in that meal plan. Please check with Council Staff regarding areas that qualify for high rates.

- Upon your return, you will be asked to return the signed travel form with proof of registration, original hotel receipt showing a zero balance due (even if room was direct billed you must provide the receipt), original airplane ticket stubs, and all original, itemized receipts for expenses over \$10. All claims for payment must be made within 60 days of end date of the conference. Failure to provide request within the 60 days will result in forfeiting of reimbursement claim to KCDD.
- You will also be sent an outcome form along with your travel reimbursement form. **You must complete this form and return it to the Council along with your travel reimbursement form in order to receive payment.** The outcome form will ask questions such as: How was conference training beneficial and what did you do or plan to do as a result of the training in the area of advocacy in the future? Failure to provide full response may result in being denied from future use of the Consumer Involvement Fund.
- Upon receipt, staff will date all requests and they will be considered in order of date received. In the event that a large number of persons apply for a single conference, the travel coordinator will work with all applicants to determine a way to sponsor as many people as possible by assigning roommates to reduce hotel costs, or applicants could carpool to an event to reduce mileage costs.
- It is the intent of the Council to fund partial costs of all necessary expenses related to attending a conference or meeting. In other words, the Council requires that persons wishing to receive a Council funding for travel secure partial funding from other sources such as other state agencies, private foundations, public and private service agencies, an employer, or his or her own funds.
- Once you receive approval for funds it is your responsibility to notify the Council should you choose not to utilize the funds. This must be done in a timely manner. Failure to provide notification to the Council could result in being denied future use of the Consumer Involvement Fund.

CONSUMER INVOLVEMENT FUND BUDGET SHEET

NAME:		DATE OF CONFERENCE:		
CONFERENCE TITLE:				
	Total Proposed Budget (include all items needed)	Other Sources of Funding (who else and how much)	TOTAL \$ AMOUNT Requested from KCDD	KCDD USE ONLY
Registration:	\$ _____	\$ _____	\$ _____	
Transportation: Airfare				
Auto Mileage x.45				
Ground Transportation: (to and from airport)				
Hotel Accommodations: Single ___ Double ___ Sharing ____ Rate \$ _____ How Many Nights: _____				
Meals: Requires a receipt B ___ B ___ B ___ L ___ L ___ L ___ D ___ D ___ D ___				
Attendant Care/Respite Rate \$ _____ Total Hours _____				
Other				
TOTALS				

If you need assistance to complete this form, please call 1-877-FOR-KCDD.

Total amount requested from KCDD: \$ _____

Signature: _____ Date: _____

NOTE: A copy of the official conference brochure, including registration materials, must be attached.

CONSUMER INVOLVEMENT FUND Application Form

Name of Qualifying Individual _____

Age of Qualifying Individual _____ Date _____

Name of Parent/Guardian(if minor) _____

Name of person requesting funds _____

Relationship to Qualifying Individual _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Social Security of person being reimbursed _____
(Commonwealth of Kentucky requires for reimbursement)

Fax _____ E-mail _____

Title of program/conference you are seeking funds to attend: _____

_____ Dates _____ Location _____

Occasionally, reimbursement documents are not signed upon returning. When this occurs, the documents have to be returned, which results in holding up the reimbursement. In order to receive your reimbursement as quickly as possible, please check whether you give Council staff authority to sign documents on your behalf.

- Yes, I give signature authority to Council staff
- No, I do not give signature authority to Council staff.

Complete the Application Form and Budget Sheet and submit along with your cover letter and a conference brochure with registration materials to: Carol Ann Tudor, Kentucky Council on Developmental Disabilities, 100 Fair Oaks Lane, 4EF, Frankfort, KY 40621-0001, (877) 367-5332 or (502) 564-7842 E-mail: carol.tudor@ky.gov

This form may also be accessed on our website: www.kcdd.ky.gov