

**Stipend Support for  
Disability-Related Speakers  
Application Packet**

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## Definition of Developmental Disability

### Developmental Disability Assistance and Bill of Rights Act of 2000

#### 1. DEVELOPMENTAL DISABILITY.—

A. IN GENERAL.— the term "developmental disability" means a severe, chronic disability of an individual that:

- i. is attributable to a mental or physical impairment or combination of mental and physical impairments;
- ii. is manifested before the individual attains age 22;
- iii. is likely to continue indefinitely;
- iv. results in substantial functional limitations in 3 or more of the following areas of major life activity:
  1. Self-care.
  2. Receptive and expressive language.
  3. Learning.
  4. Mobility.
  5. Self-direction.
  6. Capacity for independent living.
  7. Economic self-sufficiency; and
  8. reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

B. INFANTS AND YOUNG CHILDREN.—An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the criteria described in clauses (i) through (v) of subparagraph (A) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

## **Support for Disability-Related Speakers Application Instructions**

**\*\*Please refer to the terms of the stipend listed on the website at [www.t added.texas.gov](http://www.t added.texas.gov).**

### **PART I: Project Profile**

A-D. Organization Identification: Complete identifying information as indicated.

E. Organization Type: Code the agency type that matches your organization (e.g., private nonprofit agencies, state associations or county chapters, local, city or county governmental agency). The codes are as follows: 01-state agency; 02-local governmental agency; 03-private, nonprofit agency; 04-public, nonprofit agency; 05-private, for-profit agency; 06-institution of higher education.

F. Vendor Id Number: This is the 14 digit number assigned to your organization by the Texas State Comptroller in order for you to receive funds.

G. Title of Event/Activity and Event Location: Complete information as requested.

H. Dates of Event/Activity: The “Begin” to “End” dates should reflect the first and last day of the month in which the event will occur.

I. Number of Individuals to be served: Estimate the total number of participants expected to attend the event. If possible, estimate the number of individuals with developmental disabilities and the number of family members who will be present.

J. Event Summary: The theme/purpose statement should indicate how the event will benefit individuals with developmental disabilities and their family members.

K. Project Financial Information: Enter the proposed budget figures for this project. We require the sponsoring agency to also provide partial financial support for the participants in the form of “match” funds. The minimum match requirement is 10%. The Council strongly encourages additional match be provided.

L. Authorizing Official, Title, and Signature: The sponsoring organization’s executive director, board chairperson, or other official who has the authority to obligate agency resources to carry out this project.

### **Part II: Personnel Information**

Please see Instructions on the Form

### **Part III: Speaker and Program Information**

Provide a summary of the speaker bio and the proposed topic (no more than 1 page). Also provide an agenda and description of the conference or event.

### **Part IV: Financial Information**

#### **Part A: Budget Detail, and Budget Justification**

List direct costs requested for conference speaker support.

TCDD costs may include:

- Speaker's fees,
- Travel, meals and hotel accommodations (not to exceed State of Texas rate), personal assistance services,
- respite services

#### **B. Matching Funds**

Matching costs must be direct support costs for the recipients of the stipends (e.g., lodging, registration, meals, transportation, respite and personal assistance services), not costs generally distributable to all conference/workshop participants or costs which would be incurred regardless of TCDD participation. The required match rate is approximately 10%, however you must compute the match rate by dividing the total amount requested from TCDD by 9.

Source of funds for matching costs must be non-federal.

### **Part V: Certification Statement**

The applicant is acknowledging they have read and will comply with all the Assurances found at the beginning of this application. Please complete the Certification Statement, sign it, and return with the completed Stipends Application to TCDD. The Application must have the Certification Statement signed and returned to be accepted.

### **Part VI: Stipend Reports**

The Support for Disability-Related Speakers Reports are due after the end of the event/conference. Both the program and financial parts are due no later than 30 days after end of event/conference. Please submit the Program Performance and the Reimbursement Reports together. Please see the instructions at the end of this section for further information.

**Part VII: Application Review**

- Stipend applications must be submitted no later than 60 days before the first day of the event. Applications submitted after this deadline will not be reviewed.
- Any requested revisions to an application made by TCDD must be returned within 5 days of the request.

## Support for Disability-Related Speakers Application

### Part I: Organization and Event Information

Note: Please review the accompanying guidelines prior to completing this form

A. Name of Organization: \_\_\_\_\_

B. Address: \_\_\_\_\_

C. Contact Person: \_\_\_\_\_

D. Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

E. Check Type of Organization: \_\_\_\_\_

(01) State Agency

(02) Local Government Agency

(03) Private, Non-Profit

(04) Public, Non-Profit

(05) Private, For-Profit

(06) Institution of Higher Education

F. Vendor Identification Number: \_\_\_\_\_

G. Title of Event/Activity and Event Location: \_\_\_\_\_

H. Dates of Event: From: \_\_\_\_\_ To: \_\_\_\_\_

I. Type of individuals to be served and estimated number of people to be supported:

\_\_\_\_\_

J. Event Summary (3 lines):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

K. Project Financial

Information:

TCDD Amount Requested: \_\_\_\_\_ Match: \_\_\_\_\_

L. Authorizing Official:

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II: Personnel Information**

Conference Support Personnel: Provide the names of key staff.

1. Event/Project Director:                      Primary Contact Email:                      Phone Number:

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2. Financial Administrative Authority (FAA):

Signature of FAA: \_\_\_\_\_

3. Alternate FAA (if one is available)

Signature of Alternate FAA: \_\_\_\_\_



**Part III: Speaker and Program Information**

Proposed Speaker(s): Please provide a concise summary of the proposed speaker's bio and proposed topic. Please indicate how the topic is important to individuals with developmental disabilities and/or their family members and how this presentation will benefit conference participants' ability to support independence, increased productivity, integration and/or inclusion for people with developmental disabilities.

Conference Agenda: Please attach or provide a conference agenda, schedule or description of activities

Conference Costs: Show **total** anticipated direct costs and income for the **entire** conference. Conference costs must not include "in-kind", TCDD Amount Requested or agency administrative costs (e.g., clerical support, staff coordination efforts.)

**Part IV Financial Information**

Budget Information: Please provide line item budget information. Please include a short explanation for each item in the budget (budget justification) along with requested amounts.

**A. TCDD FUNDS REQUESTED**

Speakers	Affiliation (Organization, City, State)	Speaker's Fee	Travel, Meals and Lodging	Personal Attend-ant Expenses	Other (Indicate Items)	TCDD Funds Requested
(Name A)						
(Name B)						
(Name C)						
					A - Totals for Speakers (Cannot exceed \$7,500 Total):	\$

**B. MATCH FUNDS PROVIDED**

Services to be Provided with Matching Funds	Source of Funds for Services Provided as Match (Including the method used for calculating in-kind match)	Matching Funds to be Expended
	B - Total Match Contributions:	\$

C - TOTAL COSTS (Add A and B): \$\_\_\_\_\_

**Part V Assurances**

**Certification Statement**

The grantee hereby assures and certifies that they have read and agree to comply with all guidelines and requirements with respect to this grant project as specified by

The Developmental Disabilities Assistance and Bill of Rights Act, (DD Act) of 2000 (P.L- 106-402), [http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=106\\_cong\\_public\\_laws&docid=f:publ402.106](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=106_cong_public_laws&docid=f:publ402.106), and Federal Regulations Title 45 CFR Part 75, [www.gpoaccess.gov/cfr/retrieve.html](http://www.gpoaccess.gov/cfr/retrieve.html), (as applicable) and relevant cost principles, [https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=eec0d70c74c68e1e9c02b6f68946e431&h=L&n=pt2.1.200&r=PART&ty=HTML%23sp2.1.200.f%20-%20sp2.1.200.e#se2.1.200\\_1400](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=eec0d70c74c68e1e9c02b6f68946e431&h=L&n=pt2.1.200&r=PART&ty=HTML%23sp2.1.200.f%20-%20sp2.1.200.e#se2.1.200_1400).

The full list of assurances is available at Stipend Assurances, [http://www.txddc.state.tx.us/grants\\_projects/stipendassur.asp](http://www.txddc.state.tx.us/grants_projects/stipendassur.asp), or by contacting Barbara Booker at TCDD, 6201 E Oltorf, Suite 600, Austin, TX 78741-7509 or e-mail to [barbara.booker@tcdd.state.tx.us](mailto:barbara.booker@tcdd.state.tx.us).

I certify that I have read all assurances and certifications and do hereby certify, warrant, and confirm that compliance with the assurances will be maintained.

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Authorizing Official: \_\_\_\_\_

Please sign and return this form with your Application. Failure to return this form with the appropriate signatures will result in the application not being considered.

**Consumer and Family Member Stipend Documentation**

**Part VI: Evaluation**

To be submitted 30 days following the event

1. Conference Information

- a. Agency/Organization:
- b. Agency/Organization Contact:
- c. Event Title:
- d. Event Date:
- e. Event Address: (City, State, Zip)
- f. Event Description:

2. How many Speakers did TCDD Fund with this Stipend?

- a. Names and Affiliations of Speakers:

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3. Total Number of Conference Attendees:

4. Overall Evaluation of speaker:

5. Suggestions for TCDD about Future Support for Disability-Related Speakers Activity:

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SIGNATURE OF EVENT/CONFERENCE DIRECTOR

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SIGNATURE OF FINANCIAL ADMIN. AUTHORITY

## **Part VII: Reimbursement Instructions**

### **Part VII. Requests for Reimbursement Financial Form.**

1. Complete items 1 through 5 on the Request for Reimbursement Form (attached).
2. Be sure to use the approved budget from (Notice of Grant Award or Budget Revision Form). Note: Budget revisions cannot be approved after the end of the event.
3. Submit a Request for Reimbursement only for expenses that have been paid. Estimates or budgeted amounts are not accepted.
4. The final Request for Reimbursements must be submitted within 30 days of the event and must be accompanied by the Speakers Evaluation Form

## Request for Support for Disability-Related Speakers Reimbursement

Due no later than 30 days after end of Event/Conference.

1. Name of Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

2. Number: DD- \_\_\_\_\_ 3. Budget Period (mm/dd/yy): \_\_\_\_\_ to \_\_\_\_\_

4. Category	A. TCDD Budget	B. Match Budget	C. TCDD Expended	D. Match Expended
Purchased Services				
Other				
5. Total				
6. Matching Ratio %	%	%	%	%

7. Total TCDD Funds Requested \$ \_\_\_\_\_

Remarks: \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that this report is true and correct to the best of my knowledge, and that all expenditures reported herein have been made in accordance with appropriate grant conditions and regulations and that payment is due and has not been previously paid.

\_\_\_\_\_  
 Signature of Authorizing Official                      Title    Date

\_\_\_\_\_  
 Signature of Financial Administrative Authority                      Date Reimbursement Submitted

**For TCDD Use Only**

Approved for \$ \_\_\_\_\_ by \_\_\_\_\_ Date \_\_\_\_\_