

APPLICATION CHECKLIST

Applications will only be considered when ALL required information and forms are submitted.

Your completed application must include:

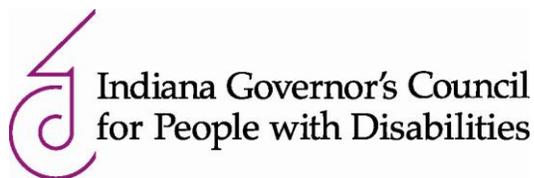
- Proof of SSI/SSDI**
- Conference Information**
Include a **completed registration form (showing registration fees)**, brochure, agenda and description of activities.
- Individual Consumer Investment Fund Application**
All information must be received in COUNCIL office a minimum of 3-weeks before in-state and 5-weeks before out-of-state conferences/events. **NO EXCEPTIONS.**
- Individual CIF Purpose Statement and Agreement Form**
To be approved for funds, you must sign an agreement to share the information with others, and to participate in community activities. An **OUTCOME REPORT** will be required after the conference detailing your plans to fulfill the agreement.
- Budget Worksheet**
Must be completed and include your matching contribution, the requested CIF amount, and any amount from any other source. You must include a paystub if you are counting lost wages toward your required match amount.

For questions, contact Brenda Wade at (317) 233-4551, bwade@gpcpd.org, or by fax (317) 233-3712.

Mail, fax or email completed applications to:

GCPD/CIF
ATTN: Brenda Wade
402 W Washington, Room E145
Indianapolis, IN 46204
(317) 233-3712 (fax)
bwade@gpcpd.org

! A completed conference registration form and brochure **MUST** be included with your CIF request or your application will be denied.



INDIVIDUAL CONSUMER INVESTMENT FUND APPLICATION

APPLICANT INFORMATION			
Name of Individual(s):			
Title & Employer:			
Address:			
City / Zip:			
Daytime Phone:			
Email:			
I receive:	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> TANF <input type="checkbox"/> NONE Only indicate benefits where you are the direct recipient. Do not indicate if you receive benefits on behalf of your child or dependent.		
Have you requested funds from another source?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete:	Organization: _____ Amt. Requested: _____
Is advanced funding being requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No Advanced funding is only available for SSI/SSDI or TANF recipients. Please complete the attached CIF ADVANCED FUNDING REQUEST AND INFORMATION FORM. Advanced funding requests are considered based on state travel rules.		
DEMOGRAPHIC INFORMATION			
I am (choose one):	<input type="checkbox"/> a person, <input type="checkbox"/> the family member of a person with (specify):		
OPTIONAL I am (choose one):	<input type="checkbox"/> African-American, <input type="checkbox"/> Caucasian, <input type="checkbox"/> Hispanic/Latino, <input type="checkbox"/> Asian, <input type="checkbox"/> Other (specify): _____		
EVENT / ACTIVITY INFORMATION			
Title of event/activity:			
Event location (City/State):			
Dates:	From	To:	
Does the registration fee cover any meals?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____		
BUDGET SUMMARY			
Total Cost:	\$ _____		
Your Match Contribution:	\$ _____ (50% unless SSI, SSDI, or TANF)		
CIF Requested:	\$ _____ (Maximum \$1,000)		
CONFERENCE REGISTRATION FORM			
Required Document	<input type="checkbox"/> A completed conference registration form & brochure (showing registration fees) is attached		

BUDGET WORKSHEET

Name(s):			
Have you requested funds from another source?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete:	Organization:
			Amt. Requested:*

***Funds requested from another source must be deducted from the total budget, please see below.**

DESCRIPTION	TOTAL	MATCH (50%)	CIF
CONFERENCE REGISTRATION	\$	\$	\$
LODGING Rate \$ _____ x _____ % tax = \$ _____ per day x # of days _____ = \$ _____	\$	\$	\$
FOOD PER DIEM (match if receiving SSDI) Rate \$ _____ x # of days _____ = \$ _____ x # people _____ = \$ _____ Minus meals provided: Total Deducted \$ _____ Total Allowance \$ _____	\$	\$	\$
AIRLINE Depart from what city:	\$	\$	\$
CHILD CARE / PCA (match if receiving SSDI) \$ _____ per day x # of days _____ = \$ _____	\$	\$	\$
PARKING/TAXI/SHUTTLE (Describe)	\$	\$	\$
MILEAGE (match if receiving SSDI) RT mileage _____ X \$.44 = \$ _____	\$	\$	\$
Lost Wages	\$	\$	
SUB TOTAL	\$		
SUBTOTAL MINUS FUNDS OBTAINED FROM OTHER SOURCE	\$		
TOTAL	\$	\$	\$

INDIVIDUAL CIF PURPOSE STATEMENT AND AGREEMENT FORM

The Council's Consumer Investment Fund (CIF) provides funds to consumers with the purpose of making a long-term investment in the future direction of Indiana. It is anticipated that your participation in this partnership with the Council will further the Council's mission of "Community Inclusion". The Council as an investor expects a return on its investment. Information on the results of the CIF investment is used to determine whether the Council should continue to commit resources to the Consumer Investment Fund and the future direction of CIF.

Purpose Statement: (Please write a brief statement that tells how you will use the information in your community or how you or your family will benefit from attending this event.) **Attach an additional page if needed.**

Agreement: The Governor's Council for People with Disabilities is pleased to consider providing you with financial assistance to attend an event. In exchange for the financial assistance, the Council requires you to complete the agreement below and return it with your application:

In return for financial assistance in attending this event I, _____ agree to the required activities including completing and submitting an initial outcome form with the claim voucher and receipts within 30 days. I have selected the following two outcome activities:

- See the CIF Application Guidelines for a more detailed description of the six activities from which you are to select, two including what is involved in each activity and, if needed, where to get additional information.

Please check the two outcome activities you agree to complete: (See descriptions on page 6 and 7)

- Conduct a disability awareness activity
- Become an active participant in a local policymaking or advisory body
- Perform a media watch, by responding to news coverage about disability issues
- Express your opinion to your state or local legislators related to disability issues
- Express your opinion about state or local policy changes
- Sign up for the Council's Fifth Freedom network to respond disability related concerns

Signature(s)

Date

CIF ADVANCED FUNDING REQUEST

Instructions:

- **COMPLETE THIS FORM ONLY IF YOU ARE REQUESTING ADVANCED FUNDING. YOU MUST RECEIVE SSI TO BE ELIGIBLE.**
- Requests must be confirmed ten days in advance of the date of the check or APPROVED advanced payment is needed.

Please check each item for which you are requesting advanced funding (advance funding will not be considered if appropriate box is not checked). The actual amount and items that will be approved for advanced funding may differ from your request (**all expenses cannot be paid in advance**)

HOTEL

Hotel name:		Hotel Phone:	
Dates of stay:		Confirmation Number:	
Conference Room rate*: (include room & tax)	\$		
*Needed so room rates plus tax can be verified and a check can be issued. Remember to take a credit card or extra cash for a deposit. An original receipt must be submitted to MHAJ once you return.			

REGISTRATION

Enclose a copy of the filled out registration form with the CIF application.

Send check to:	
	<i>Conference Sponsor</i>

CAR RENTAL

Car rental is not available if you have airfare. Submit invoice or other document from the car rental company that shows the fee. **Receipt must be submitted to MHAJ once you return.**

Rental Company:			
Company Phone:	()	Contact Name:	
Travel Dates:		Travel Location:	
Fee:			

FOOD ALLOWANCE - **ONLY individuals on SSI (SSDI match funds)**

Food allowance will be calculated based on state travel rules minus meals provided by conference sponsors. No receipts are needed.

Number of Days:		Meals provided by the conference (list):	
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OVERVIEW OF BUDGET RULES, STATE TRAVEL GUIDELINES AND OTHER INFORMATION

Use the following guidelines in preparing your budget. See the sample budget for additional information.

Mileage

- Mileage is calculated at a flat mileage rate: The current mileage rate is \$.44 per mile (max 2,000 miles). In all cases, state mileage charts determine vehicle mileage.
- If you receive SSDI, mileage and food per diem is used as your match and **CANNOT** be paid with CIF monies.

Meals

- No receipts are required for meals.
- Meals are \$26 per day for in-state travel (lunch and breakfast \$6.50 each; dinner \$13).
- Meals are \$32 per day for out-of-state travel (lunch and breakfast \$8 ea; dinner \$16).
- Deductions are made for any meal provided by the conference.

Receipts

- Original receipts or invoices must be provided for hotel, airfare (boarding pass), parking, taxi, child/attendant care and ALL OTHER EXPENSES.
- NO RECEIPTS are needed for food per diem and/or mileage (fixed rates).

Reimbursements

- **Reimbursement will not be made for any line item than exceeds the originally approved budget amount.**
- Monies received from other sources (e.g., Family Involvement Fund) MUST be recorded on the budget page.
- Lost wages cannot be reimbursed but can be counted as MATCH.
- Only one out-of-state conference **PER FAMILY** every other year will be approved.
- Reimbursements must be claimed within 30 days of the conference or event.

Once the Council office approves a request it is sent to the Mental Health America of Indiana (MHAI) who has a contract with the Council. MHAI will mail you information regarding the submission of receipts, Outcome Reports and vouchers for reimbursement.

Application Submission

Mail, fax or email completed applications to:

GCPD/CIF
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Indianapolis, IN 46204
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