



Committed to Dignity, Full Rights of Citizenship, Cultural Diversity, Equal Opportunities, and Full Participation for all NH Citizens with Developmental Disabilities

Personal Education and Leadership Development Program

The New Hampshire Council on Developmental Disabilities provides funds for New Hampshire individuals with developmental disabilities and their families to attend conferences and workshops in order to increase their understanding of their disability or that of their child, develop leadership or self-advocacy skills or learn strategies to lead more inclusive, self-directed lives in their community.

An application must be submitted for each individual requesting funds. The applicant or family members may contact the Council and request assistance if needed. This application is available in alternative formats.

All applications will be reviewed on an individual basis and without bias. Approval of requests shall be based on the needs of the individual applicant, the availability of funds, and the applicant's assurance that information gained by attending the requested activity or event will be shared with others in the state.

The Council reserves the right to allocate funds on the merit of each request and not a preset amount. Applicants are expected to explore other sources of funds and identify any funds received or requested from other sources on their application. As a general rule, grants are limited to a maximum amount of \$500 per person, excluding the cost of personal care attendants or direct support professionals.

Please send your application to:

ATTN: Small Grants
NH Council on Developmental Disabilities
2 ½ Beacon Street, Suite 10
Concord, NH 03301-4447

Telephone: (603) 271-7040 **FAX:** (603) 271-1156 **Email:** grants@nhcdd.us

**New Hampshire Council on Developmental Disabilities
Personal Education and Leadership Development Grant Application**

DATE: _____

Applicant's Name

Tel. No.

Applicant is a Resident of NH?

Applicant's Address

Yes ____ No ____

Applicant's Email

Name of the Person Completing This Form if Different than Above

Relation to Applicant _____

Other Financial Information

Total Cost of the Activity/Event \$ _____

LESS: Other Sources of Assistance

Applicant's Contribution \$ _____

Family Contribution \$ _____

Other Contributions \$ _____

List others: _____

Remaining Balance \$ _____ (amount requested)

Please identify efforts to secure funds from sources other than the Council:

Purpose of the Request (Please attach a brief narrative, one page long or less, to describe the reason you are requesting this grant. Include the date, description, and all costs associated with the request.). Also indicate how you will share the information gained from participating in this activity with the Council and others in the state. A copy of the agenda (brochure or similar verification of event/activity) must accompany the form before it will be considered).

All awards are based on the availability of funds.

Any money I receive through this project will be used to pay for costs described in this application. I certify that the information provided on this grant application is true, complete and accurate to the best of my knowledge, and I agree to share information learned from this activity as described on the attached page.

Applicant Signature

Date

This section is optional, but helps us to achieve better quality and effectiveness of our programs:

Town of residence: _____

Gender: Man ____ Woman ____ Gender Non-Conforming ____

Race: American Indian or Alaska Native ____

Asian ____

Black or African American ____

Native Hawaiian or Other Pacific Islander ____

White ____

Prefer to Self-Describe _____

Ethnicity: Non-Hispanic ____ Hispanic/Latino ____

Disposition of Request / For Office Use Only

___ Denied ___ Approved Amount Approved: \$_____

Conditions: _____

(Review Date)

(Signature of Committee Chairperson or Designee)