



NEW MEXICO  
**Developmental Disabilities  
Planning Council**

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## Agency Application Form for In-State Conference Stipends

The New Mexico Developmental Disabilities Planning Council (NMDDPC) announces the availability of funds for eligible organizations to provide stipends to *individuals with developmental disabilities and their family members* to attend in-state conferences that are being sponsored by the agency receiving funding. The purpose of the stipends is to assist attendees with costs associated with the cost of registration and/or travel to the conference.

### **Available Funding**

Individual awards to eligible organizations may be up to \$2,500 per conference/training. Funds are made available on a reimbursement basis and will be contingent on delivery of final report and participant satisfaction survey.

### **Match**

Recipients are expected to provide a 25% match of cash or in-kind services to the total stipend allocation. In the case of projects whose activities target individuals with developmental disabilities who live in urban or rural poverty areas, the match may be reduced.

### **Application**

To be considered for funding, the content of the conference/symposium must emphasize one or more of the following Federal priority areas: **Employment, Housing, Transportation, Health, Recreation, Formal/Informal Community Supports, Education, Child Care, Quality Assurance and/or Cross Cutting.**

In order to be considered for funding, please complete the application, attach any additional documentation and return to NMDDPC. Applications may be mailed, faxed, emailed or dropped off in person. Mailing and physical address: NMDDPC Attn: Karen Courtney-Peterson, 810 W. San Mateo, Suite C, Santa Fe, NM 87505. Phone: (505) 476-7331. Email address: [Karen.Courtney-Peterson@state.nm.us](mailto:Karen.Courtney-Peterson@state.nm.us). Application form must be turned in to NMDDPC at least 6 weeks prior to the start date of the conference.

### **Final Report**

Recipients of stipend awards are required to submit to NMDDPC a comprehensive final report within 30 days after the conference. This report should include:

1. Overall summary of the conference and workshop themes.
2. A description of the federal areas of emphasis addressed and the workshops/theme that addressed each area.
3. Descriptions of sessions/workshops that provided technical assistance and training regarding disability issues and the audience(s) of these workshops.
4. A summary of the results of the participant satisfaction survey in addition to copies of the surveys.
5. Breakout of attendees by the following categories: 1) Persons with a developmental disability; 2) family member or guardian of a person with a developmental disability, and 3) others (professionals, etc.)
6. Include an Executive Summary in addition to the full report.

Recipients will also provide:

1. An electronic copy of the full report and Executive Summary
2. The NMDDPC Project Data Performance Report
3. A presentation to the Council about the conference and outcomes (if requested).

4. Satisfaction surveys completed by participants following the attendance of the conference/symposium. (The satisfaction survey will be provided once the application is approved.)

# Stipend Application

## SECTION 1 (ALL FIELDS MUST BE COMPLETED)

Name of Agency/Organization Applying for Stipend Funding		
Contact person for Conference		
Description of Agency		
Address		
Phone	Fax	Email

## SECTION 2 (ALL FIELDS MUST BE COMPLETED)

Title of Conference/Symposium	
M/D/YYYY	M/D/YYYY
Date Conference Begins	Date Conference Ends

## SECTION 3 (CHECK ALL THAT APPLY, MINIMUM OF ONE)

1 PT.

Area of emphasis to be addressed by conference/symposium	
<input type="checkbox"/> Employment <input type="checkbox"/> Education & Early Intervention <input type="checkbox"/> Health <input type="checkbox"/> Housing <input type="checkbox"/> Childcare	<input type="checkbox"/> Recreation <input type="checkbox"/> Transportation <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Informal/Formal Community Supports <input type="checkbox"/> Other _____

## SECTION 4

21 PTS.

1. What is the purpose of the conference/symposium?
2. Describe the overall goal and content of the conference.
3. Describe the workshops/themes to be included in the conference that relate to the areas of emphasis checked above.
4. Describe the composition of the target audience (person with DD, families, providers, professionals etc).
5. Describe how recipients of the stipends will be selected.
6. What experience does the applicant have in conference planning?
7. Please attach an outline illustrating the planning process for the conference, including responsibilities and the name/title of the person responsible for each. Also include time frames.
8. Additional information supporting your application.

**SECTION 5** (ALL FIELDS MUST BE COMPLETED)

8 PTS.

Budget	
Number of individuals/families receiving stipends	
Individual stipend amount	\$0.00
Total dollar amount of stipends awarded	\$0.00
Match Amount – If In-Kind, describe (Stipend amount divided by .75 = Total Stipend Allocation/Total Stipend Allocation minus stipend awarded=match)	
$\$2,500 / .75 = \$3,333.33$ $\$3,333.33 - \$2,500.00 = \$833.33$	
Applicant Signature	Date

<b>For Office Use Only</b>		
Date Reviewed by Program Committee		
Points awarded by section	Section 1 Complete	
	Section 2 Complete	
	Section 3 (1 point possible)	
	Section 4 (21 points possible)	
	Section 5 (8 points possible)	
Total		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Reason for denial:		
Comments:		