

# Consumer Leadership Fund Application

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

**I am:** \_\_\_ a person with a developmental disability; \_\_\_ a parent/guardian of a child with a developmental disability; \_\_\_ self-advocate with disabilities addressing cross-disability issues.

**I \_\_\_ am, \_\_\_ am not employed by an agency or organization that provides services to people with disabilities.**

**What event can the Fund assist you in attending?** \_\_\_\_\_

(Attach copy of brochure, registration information, agenda, etc. Is information available on a website? If so give address: \_\_\_\_\_)

**What benefit do you expect by being involved in this event?** \_\_\_\_\_

**What is the date(s) of the event?** \_\_\_\_\_

**What are the costs?**

Registration	_____	
Air Fare	_____	(Airline _____)
Ground Transportation	_____	(Bus, Taxi... _____)
Hotel *	_____	(Including Tax) _____)
Meals *	_____	
Disability Accommodations	_____	(Explain _____)

**TOTAL** \_\_\_\_\_

\* In accordance with State of Nevada policy, reimbursements will be in compliance with the U. S. General Services Administration (GSA) guidelines. It is your responsibility to confirm that your hotel and per diem (meal) rates fall within the GSA rates in order to not incur additional out of pocket expenses. These rates can be obtained by accessing [www.gsa.gov](http://www.gsa.gov) .

Which of these items can be paid by a source other than the Leadership Fund? \_\_\_\_\_

I have read and understand the "Information and Guidelines" of the Leadership Fund and agree to abide by them. I have attached any information available about the event and related expenses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date