NC Council on Developmental Disabilities (NCCDD)
Jean Wolff-Rossi Fund for Participant Involvement (Rossi Fund)
APPLICATION FORM
(ONLY ONE NAME PER APPLICATION)

If you need assistance completing this application, please contact 1-800-357-6916.

APPLICATIONS MUST BE RECEIVED 15 DAYS PRIOR TO THE FIRST DAY OF AN IN-STATE EVENT OR 30 DAYS PRIOR TO THE FIRST DAY OF AN OUT-OF-STATE EVENT.

* Required Information

***Name:** _____ **Today's Date:** _____

***Address:** _____

***City:** _____, **NC** ***Zip:** _____

***Phone: Home/Cell:** _____ **Work:** _____

Email Address: _____

Ethnic Status (optional)

_____*Hispanic* _____*African-American* _____*Caucasian*

_____*Asian-American* _____*American Indian* _____*Other*

*** Disability Connection:** To meet the criteria for receiving funds from the Jean Wolff-Rossi Fund for Participant Involvement please complete the following information:

***(Check all that Apply)**:*

____I am a person with a developmental disability.

____My family member is an adult with a developmental disability.

____I am a parent of a child with a developmental disability.

____I am a parent of a child at risk of a developmental disability.

____I am the individual guardian for a person with a developmental disability.

* Event You Plan to Attend and Seek Financial Assistance:

*(NOTE: With this application, you must submit the official brochure with event description, schedule and registration form **or** the event website address.)*

Event: _____

Location: _____ Event Date: _____

Have you attended this event before? Yes_____No_____Date last attended_____

Website address about this event (if available): _____

Have you used the Rossi Fund (formally Participant Involvement Fund) before? Yes ___No ___

If yes, for what event? _____, and when?

Date: _____ Amount received $_____

* STATEMENT OF PURPOSE:

In the spaces provided below, please write a brief statement explaining your goals related to this particular event. Answer these 3 questions:

1. What is it you hope to learn/achieve by attending?
2. What will you do with the information you receive at this event?
3. How will you share the information with others in your community?

*FINANCIAL ASSISTANCE IS NEEDED FOR:

The Jean Wolff-Rossi Fund for Participant Involvement (Rossi Fund) can only partially fund the cost of attending an event.

Please indicate the amount of funds you are requesting – You may apply for funds from up to 3 of the expense categories listed below. There is a limit of $600 per year, per person, for in-state events and up to $800 per year, per person, for out-of-state events:

Check Up to 3	Expense Categories	Rossi Funds Requested	Notes
	Registration	$	
	Hotel/Lodging	$	# of nights _____ X $_____ per night (up to $71.20 in-state; $84.10 out-of-state)
	Transportation List estimated mileage cost or other type of transportation (air, bus, train, etc.)	$	From (city, state): _____ To (city, state): _____ Round-trip mileage _____ x $0.___/mile ($.545 under 100 miles; $.33 over 100 miles) ***Or*** Other Transportation:_____
	Child Care/Respite	$	# of hours _____ X _____ days X $8/hr. (max. $170/day)
	Personal Attendant	$	# of hours _____ X _____ days X $8/hr. (max. $170/day)
	TOTAL	$	

I have read and meet the criteria of the guidelines, and completed this application with all information requested.

***Signature: _____ Date: _____**

DISCLAIMER:
***The Jean Wolff-Rossi Fund for Participant Involvement (Rossi Fund) is* not *an entitlement. The NCCDD reserves the right to use discretionary judgment on any application they deem appropriate.* Funds will be distributed consistent with the Council's mandate in Federal Law for commitment to systems change, advocacy, and capacity building.**

Proof of submission: You will receive a return e-mail to confirm your submission. If you have not heard from the Rossi Fund in three days, please give us a call.

US MAIL: NCCDD-Rossi Fund
3125 Poplarwood Court, Suite 200
Raleigh, NC 27604
EMAIL: RossiFund@nccdd.org
FAX: (919) 850-2915
PHONE: (919) 850-2901 (toll free): 1-800-357-6916