

**Infant & Toddler Connection of Richmond
Conference & Workshop Fund Application**



Part 1 – Applicant Information

Date of Application:			
Applicant Name:			
Home Address:			
Home Telephone:		Work Telephone:	
Social Security Number:		E-Mail Address:	
<input type="checkbox"/> Parent of a child with a developmental delay or disability.			
<input type="checkbox"/> Employee of an agency/organization represented on the Infant & Toddler Connection of Richmond Interagency Coordinating Council.			
Describe your recent involvement in Council activities. <i>(Funds are for active participants of the Council only. Applicant should list at least three recent activities.) Examples include attending Council meetings, assisting with a local system screening, serving on Council committee(s), disseminating public awareness materials, etc.</i>			
1.			
2.			
3.			

Completed applications should be submitted at least thirty (30) days prior to the event you plan to attend to:

Infant & Toddler Connection of Richmond
 Attn: Administrative Coordinator
 Partnership for People with Disabilities
 Virginia Commonwealth University
 P.O. Box 843020
 Richmond, VA 23284-3020
 (804) 828-0042 (FAX)

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Part 2 – Conference/Workshop Information

Conference/Workshop Name:	
Location (City/State):	
Date(s):	

(Attach a copy of the conference/workshop brochure or pamphlet.)

Estimate the costs associated with attending the conference/workshop.

Registration Fee(s)		\$
Lodging = nights x \$ /night (including tax)		\$
Meals = days x \$ /day <i>In-State Rate -- NOT OVER \$26/day</i> <i>Out-of-State Rate – NOT OVER \$34/day</i>		\$
Travel		
Airfare (<i>From</i> <i>To</i>)		\$
Train (<i>From</i> <i>To</i>)		\$
Mileage = x .27/mile		\$
Taxi (<i>Keep receipts</i>)		\$
Other		\$
Respite Care = days or hours x \$ /day or hour <i>(For parent applicants only)</i>		\$
Parking (<i>Keep receipts</i>)		\$
Other		\$
TOTAL		\$

Part 3 – Funding Source(s) Information

Have you applied for/accessed any other funding to attend this event? Yes No

- If yes, what is the source of this other funding?
- How much have you received (or how much do you anticipate receiving)?

What timelines affect when you need to find out about your request?

What can you personally contribute of your own resources in order to attend the event?

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Part 4 – Purpose

How would the information learned at the conference/workshop be of use to you?

How will you share the information you learn with other Council members?

Part 5 – Additional Information (*Optional*)

Is there any other information that the review committee should consider when reviewing your application?

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Approved Yes No Amount Offered \$ _____

Offer Accepted Yes No