NJCDD – Leadership Training Support Fund Application

<u>Instructions</u>: Complete this form as far in advance of the event as possible. Last minute requests have less chance of being approved. Submit this form to the Council's Leadership Support Fund Coordinator at NJCDD, PO Box 700, Trenton, NJ 08625-0700 or fax to 609-292-7114. Please complete all of the information below to the best of your ability. If you have questions, please contact Jacinta Williams at (609) 984-5444.

Peı	son Making Request:	
Conference, Workshop or Activity:		
Da	e(s) Location	
Estimated Cost(s): Provide any available documentation to justify cost estimates, hotel, flight		
Re	istration: Travel:	
Ac	ommodations: Personal Care Assistance:	
	Attach conference brochure or announcement and letter of invitation (if applicable)	
Peı	son(s) Who Will Attend	
Co	tact Address: Phone:	
	E-Mail:	
How will attending this event broaden the individuals' personal experiences and/or give them valuable information they can use to be better advocates for themselves and others? (Describe how the applicant(s) will disseminate new learned information with other families/individuals with I/DD.) [attach additional pages if needed]		
Ple	ase describe any other sources of funds you have looked into and the results of your search [attach additional pages if needed]	
	Received Reviewed by Approved Denied Attach copy of response to applicant.	