Indiana Governor's Council for People with Disabilities

MEMORANDUM

TO: Interested Organizations

FROM: Governor's Council for People with Disabilities

SUBJECT: Guidelines for Organizational Consumer Investment Fund Applicants

---

Purpose of Organizational Consumer Investment Fund (CIF)

Through the Consumer Investment Fund (CIF), the Council has made a commitment to invest resources in people with disabilities and family members to attend and participate in events that reflect the "community inclusion" mission of the Council.

Funds can be used for conferences/seminars that will enhance consumers' knowledge about disability issues and citizen participation in the decisions that affect their lives. Funds can also be used for participating in meetings or service agency boards, county Councils, advocacy agency meetings, zoning boards, public hearings, etc.

Black Out Period

No scholarships will be approved for other conferences that occur two weeks before or two weeks after the Governor's Council for People with Disabilities Annual Statewide Conference. **Contact the Council office for this year's conference dates**

Eligibility Criteria

- **Organizations can receive a maximum of $5,000 in assistance per calendar year.** CIF funds can be used for one conference or several conferences during the calendar year so long as the total combined amount does not exceed $5,000. An application for EACH conference is required.
- **The Council reserves the right to further restrict funding based on yearly budget allocations and availability.**
- **Programs and/or registration information for the conference MUST indicate scholarship funding from the Governor's Council for People with Disabilities.**
- **Organizations cannot use CIF fund for directors or other high level employees of an agency that provides disability related services, or employees attending a conference to make a presentation, on behalf of their employers**.
- **CIF funds cannot be used as a subsidy for general conference expenses.** The CIF budget cannot include items such as speaker fees, printing, staff, etc. The CIF budget is for registration and other expenses of the scholarship recipients, not for general conference expenses.

Application process

- Applications **MUST** be submitted a **MINIMUM of 5 WEEKS** prior to a conference, preferably prior to the publication of registration materials. **NO EXCEPTIONS.**
- **Applications will be reviewed by the Council within 5 business days of receipt.**
- If your application is not approved, the application will be returned with an explanation of why the request was denied and, if appropriate, instruction on what additional information might be needed.

- If approved, you will receive an approval letter from the Council and you will be contacted by the Mental Health Association of Indiana (MHAI) within 10 business days. The Council has designated MHAI as the organization responsible for processing reimbursements.

- **A minimum of 50% of the amount of the CIF request is required as match.** Additional match that can be justified is greatly appreciated.

    - Registration and lodging expenses paid by non CIF scholarship recipients is usually the primary source of match. Match can also include expenses of the scholarship recipients that are not reimbursed, or any other actual or in kind expense not paid with federal funds.

    - Accessible transportation, interpreters, attendant care, and parking (maximum of $10 per day) are examples of other expenses that may be covered.

Reimbursement process

- The sponsoring organization is responsible for collecting invoices and receipts, and for submitting the required information needed for reimbursement. A record of match sources must be submitted with claim vouchers.

- MHAI will issue a reimbursement check within 14 business days after receiving a properly completed **CIF Event Outcome Report** along with claim voucher, documentation or receipts, and required participant information.

- **Funds MUST be claimed within 60 days of the conference date.** No claims will be paid after that time.

Accountability

- The Council annually considers the renewal of this program and reviews information collected on the outcomes and benefits of the fund. This information is used to demonstrate the value of continued expenditures for the Consumer Investment Fund program.

- Organizations must submit a report (forms enclosed) on the use of the CIF funds. The report includes the following:
    - Organizational **CIF Event Outcome Report**
    - **CIF Expenditure Report** with attached receipts or other documentation
    - **CIF Attendee List**
    - **Individual Satisfaction/Outcome Forms** collected for each person supported. This form must be provided to individuals who receive CIF support and collected at the conclusion of the event.

Questions?

If you have questions or need additional information after reviewing this packet please contact Brenda Wade at 317-233-4551 or bwade@gpcpd.org

Required Application Forms

(To be submitted to the Council a minimum of five weeks prior to the event)

1. **Consumer Investment Fund Application**
2. **Organizational Budget**
3. **Purpose Statement and Agreement Form**

Indiana Governor's Council for People with Disabilities

ORGANIZATIONAL CONSUMER INVESTMENT FUND APPLICATION

CONTACT INFORMATION			
Organization:			
Address:			
City / Zip:			
Contact Person:			
Phone Number:		Fax Number:	
Email Address:			
EVENT INFORMATION			
Event Title:			
Event Location:			
Event Date(s):			

BUDGET SUMMARY	
Total CIF Requested Amount:	$
Match (minimum 50% of requested amount):	$
Estimated Number of Individuals to be Supported:	

INSTRUCTIONS

Please attach the following:

A. Conference agenda, schedule, or description of activities
B. Budget detail (including match, in-kind, other) + requested CIF amount
C. Organizational Purpose Statement and Agreement Form

Application and items A-C must be received in the Council office at least 5-weeks prior to the event. NO EXCEPTIONS.

MAIL TO:

Governor's Council for People with Disabilities
ATTN: Brenda Wade
Indiana Government Center South, Room E145
402 West Washington Street
Indianapolis, Indiana 46204

QUESTIONS?

Contact Brenda Wade at 317-233-4551 (voice), 317-233-3712 (fax) or bwade@gpcpd.org

Indiana Governor's Council for People with Disabilities

ORGANIZATIONAL CONSUMER INVESTMENT FUND APPLICATION

ORGANIZATIONAL BUDGET

DESCRIPTION	MATCH	CIF REQUESTED
Registration: Approx. # of CIF consumers supported _____ x registration fee $_____ = $ _____ + # CIF consumers _____ x amt. of consumer discount $ _____ = $ _____ (in kind match) + # of Non CIF registrations _____ x registration fee $ _____ = $ _____ (cash match)	$	$
Lodging Accommodations: Approx. # of CIF rooms (double occupancy) per night _____ x room rate $ ____ x # of nights _____ = $ _____ Approx. # of non CIF rooms per night _____ x room rate $ _____ x # of nights _____ x = $ _____ **Match Formula**: Total lodging cost for **all** overnight rooms minus lodging cost for CIF rooms	$	$
Child/Respite or Attendant Care (Describe)	$	$
Interpreter (Describe)	$	$
Other: (Provide detailed description)	$	$
TOTAL	$	$

Note: Registrations and other cash expenses paid with federal funds cannot be used as match.

Indiana Governor's Council for People with Disabilities

ORGANIZATIONAL CONSUMER INVESTMENT FUND APPLICATION

Purpose Statement and Agreement Form

The Council's Consumer Investment Fund (CIF) provides funds to organizations to support consumers with the intention of making an investment in the future direction of Indiana. It is anticipated that your organization's participation in this partnership with the Council will further the Council's mission of "Community Inclusion". The Council as an investor expects a return on its investment. Information on the results of the CIF investment is used to determine the future existence and direction of CIF.

Purpose Statement: (a brief statement explaining how consumers will benefit from this event, especially in terms of information they will receive or skills they will learn that will result in community inclusion.)

Agreement: The Council is pleased to consider your application for financial assistance to support people with disabilities and families to attend your event. In exchange for the financial assistance, the Council requires you to complete the agreement below and return it with your application:

In return for financial assistance in supporting consumer attendance at this event, on behalf of (organization name) _____ , we agree to:

A. List the Council as providing scholarship support for the event in materials related to the event
B. Complete the Organization CIF Event Outcome Report
C. Provide an attendees list with contact information of all people receiving CIF funds
D. Provide every CIF recipient with the Individual Satisfaction/Outcome Report and collect and submit the reports
E. Provide voter registration form for attendees at event (form enclosed)
F. Notify your constituents about Council related events or programs that they may be interested in. This notice can be provided through a regular mailing, an article in your newsletter, providing materials at a display table, e-mail, or other means as appropriate (Council will provide materials)
G. Provide the following assistance (check all that apply) from non CIF/Council resources:

- ❑ Assistance in reading materials and completing registration forms
- ❑ Accessible formats including large print and Braille
- ❑ Interpreters if needed
- ❑ Wheelchair accessible space if needed
- ❑ Minor assistance, if needed, to ensure meals or other activities are accessible
- ❑ Reduced registration fee for (circle one) ALL CONSUMERS / CONSUMERS ON SSI
- ❑ Other: Please describe (use back of page if needed):

Signature: _____ Date: _____



Required Report Forms

(To be completed after the event)

1. **Event Outcome Report**
2. **CIF Expenditure Report**
3. **CIF Attendees List**
4. **Individual Satisfaction/Outcome Report**

NOTE:
You will receive additional information on how to claim reimbursement in a separate mailing from the Mental Health Association after your application is approved.

Indiana Governor's Council for People with Disabilities

ORGANIZATIONAL CONSUMER INVESTMENT FUND REPORT

Event Outcome Report

Name of Organization: _____

Title of Event / Activity: _____ Event Date(s): _____

Contact Name: _____ Contact Phone: _____

Contact Email: _____

Directions: Complete this summary sheet and return it with the **Expenditure Report**, **CIF Attendee List**, **Individual Satisfaction/Outcome Report**, and **claim vouchers**. Send completed information to: MHAI c/o Bill Larson, 1431 N Delaware, Indianapolis, IN 46202.

General:

1. How many people attended the event overall: _____
2. How many people were supported with CIF funds: (with disabilities) _____ (family members) _____ (total) _____
3. How many people of color were supported with CIF funds: _____
4. Was there an overall evaluation of the event conducted? ❑ Yes ❑ No
   If so, please explain or attach overall evaluation summary:

Describe the following:

1. How was the Council's support recognized? (attach all printed materials mentioning the Council):
   _____

2. Did every CIF funded person receive a copy of the **Individual Satisfaction/Outcome Report?** ❑ Yes ❑ No

   # collected _____ (attach to CIF Attendee List) # not turned in _____

   Describe how the reports were collected:

3. Did you provide information (handouts) about Council projects at the event? ❑ Yes ❑ No
   Describe:

4. If you answered no to question #3, what other means (newsletter, email, other mailings, etc.) can be used to provide information about the Council and who is the contact person?

5. Did you provide assistance from non CIF/Council resources with any of the following:

   a) Assistance in reading materials and completing registration forms ❑ Yes ❑ No ❑ Not Needed
   b) Accessible formats including large print and Braille ❑ Yes ❑ No ❑ Not Needed
   Interpreters if needed ❑ Yes ❑ No ❑ Not Needed
   c) Wheelchair accessible space if needed ❑ Yes ❑ No ❑ Not Needed
   d) Minor assistance if needed to ensure activities are accessible ❑ Yes ❑ No ❑ Not Needed
   e) Reduced price registrations for CONSUMERS ❑ Yes ❑ No ❑ Not Needed
   f) Other (Please describe): _____

Indiana Governor's Council for People with Disabilities

ORGANIZATIONAL CONSUMER INVESTMENT FUND REPORT

CIF Expenditure Report

Name of Organization: _____

Title of Event / Activity: _____ Event Date(s): _____

This form is a report of your actual CIF expenditures for the event for which you received CIF funding.

To receive reimbursement, you must submit this form with receipts or other documentation, claim voucher and other required information within 60 days of the event. While actual expenses may differ somewhat from your approved initial budget, the total overall amount approved is the maximum that you can be reimbursed.

Item Description* (List all items included in your initially approved budget)	**Match (50%)**	**CIF Funds**	**Documentation** (Check if attached)
Registration	$	$	❑ Match ❑ CIF Funds
Lodging	$	$	❑ Match ❑ CIF Funds
Child/Respite or Attendant Care (Optional for SSDI, SSI or TANF only)	$	$	❑ Match ❑ CIF Funds
Other items in approved budget:	$	$	❑ Match ❑ CIF Funds

*Please provide a detailed description if not self-explanatory

Indiana Governor's Council for People with Disabilities

ORGANIZATIONAL CONSUMER INVESTMENT FUND REPORT

CIF Attendee List

Instructions:

Make additional copies as needed. Complete and return this form with the event report and other required information. Attach completed Individual Satisfaction/Outcome Reports that were collected from CIF scholarship recipients.

Name, Address, City, Zip	Day Phone #	E-Mail	Check all that apply
			❑ Person with a disability ❑ Family Member ❑ Person of color ❑ Individual outcome report is attached
			❑ Person with a disability ❑ Family Member ❑ Person of color ❑ Individual outcome report is attached
			❑ Person with a disability ❑ Family Member ❑ Person of color ❑ Individual outcome report is attached
			❑ Person with a disability ❑ Family Member ❑ Person of color ❑ Individual outcome report is attached d
			❑ Person with a disability ❑ Family Member ❑ Person of color ❑ Individual outcome report is attached
			❑ Person with a disability ❑ Family Member ❑ Person of color ❑ Individual outcome report is attached
			❑ Person with a disability ❑ Family Member ❑ Person of color ❑ Individual outcome report is attached
			❑ Person with a disability ❑ Family Member ❑ Person of color ❑ Individual outcome report is attached
			❑ Person with a disability ❑ Family Member ❑ Person of color ❑ Individual outcome report is attached
			❑ Person with a disability ❑ Family Member ❑ Person of color ❑ Individual outcome report is attached

Indiana Governor's Council for People with Disabilities

INDIVIDUAL SATISFACTION/OUTCOME REPORT

To assist with the cost of persons attending this event, the Governor's Council for People with Disabilities provided financial support to the sponsor. Your attendance was partially supported through these funds. As part of the agreement with the sponsor for providing financial assistance, we are requesting that you fill out the form below and return it to the event sponsor.

Your input is invaluable in determining the future direction of these funds. This information will be used to evaluate the effectiveness and value of this program.

Please complete this form and return it to the conference/event sponsor before you leave.

Name of Event: _____ Date: _____

Name: _____

Address: _____ City: _____ Zip: _____

Daytime Phone #: _____ E-mail: _____

1. **Please check all that apply:**
   ❑ I am a person with a disability ❑ I am a family member of person with a disability ❑ I am a person of color
2. **Would you like to receive the Council's monthly newsletter, *On Target*?** ❑ Yes ❑ No
3. **Would you like to receive the Council's bimonthly email newsletter?** ❑ Yes ❑ No
4. **How satisfied were you with the scholarship support that you were provided?** ❑ Very satisfied ❑ Satisfied ❑ Not satisfied
   Comments:

5. **What impact will your participation at this event have on you, your family or others?** Please list 1-3 things you learned or did, and how they helped or will help in the future. (Examples: I learned about resources for assistive technology which I will use to try to get a new wheelchair. I learned how to better advocate for my child's education and will use this at the next IEP meeting)
   Comments:

Additional Opportunities

There are a number of Council sponsored projects that you may be interested in. Check below to receive more information:

- ❑ **March Disability Awareness Month:** The Council provides 26 different planning packets with ideas on activities to conduct. Free materials such as posters and bookmarks are available. Most activities can be done any time.
- ❑ **Media Watch:** Respond to news coverage about disability issues with feedback to the reporter on how well they portrayed disability issues. Send a letter to the reporter and enclose the Council's Power of Words brochure.
- ❑ **Council's Fifth Freedom disability network:** Respond to state or local disability related concerns. Become an Advocacy Coordination Team Leader (ACT) by recruiting two-three local people who agree to respond to important, time sensitive information about statewide disability issues that need immediate action.
- ❑ **Partners in Policymaking:** Eight weekends of free training over 9 months on cutting edge disability issues and advocacy for people with disabilities and parents. Classes start in the fall and only 40 people are selected.