**Regional Councils FUNDING REQUEST FORM**

Nebraska Planning Council on Developmental Disabilities

Request Date: Regional Council:

Name of Requestor:

Daytime Phone: Email Address:

Address: City, State: Zip:

Name, Phone Number, and Email Address of Contact Person if different than requestor:

**Activity Funding:**

Reason for Request:

Activity Date:

$ Total Anticipated Cost of Activity

$ Amount of Request from this Regional Council

**Documentation Required.** Being as specific as possible regarding the Reason for Request, attach a short, itemized budget along with explanatory materials such as a copy of conference registration information and any other information that will assist the Regional Council members to make their decision. Explain who will benefit from this request.

Have you requested funding for this activity from other sources, including other Regional Councils?

 Yes No If yes, from which source(s)?

1.

 Their Decision:

2.

 Their Decision:

**Agreement:** Applicant agrees that approved funding will be utilized as specified in the Reason for Request and that feedback regarding this project will be provided to the Council upon request.

Signature of Applicant

**FOR COUNCIL USE ONLY:**

Council Funding Decision: Yes No Amount $

Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Chairperson

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Treasurer

Mail completed form to the appropriate Regional Council Chairperson or to Developmental Disabilities Planning Council, Department of Health and Human Services, PO Box 95026, Lincoln, NE 68509-5026. Alternate formats are available upon request. Please contact the DD Planning Council at 402-471-2330 (voice) or 402-471-9570 (TTY) with any questions or visit our website at [www.dhhs.ne.gov/ddplanning](http://www.dhhs.ne.gov/ddplanning)**.**  Rev 10.13