

Stipend Application/Agreement

Down Syndrome Association of Greater New Orleans

The Down Syndrome Association of Greater New Orleans has budgeted limited funding to assist individuals with Down syndrome and other developmental disabilities and their family members to attend trainings, conferences, workshops, etc. that they otherwise wouldn't be able to afford to attend. In return we have the fiscal responsibility to ensure that funding is being used as stipulated. **This is a cost reimbursement stipend.** Funds are paid to the recipient when paid receipts are received upon return from the conference.

In accepting these funds you agree to attend such event or refund the funding provided to you or to the event on your behalf. In addition, we require that everyone receiving funding to provide DSAGNO with documentation that you attended the event, i.e., event handouts, agenda, etc.

By accepting this stipend you agree to present at a general membership meeting or other selected meeting about your experiences and knowledge gained at the event, and provide follow-up documentation in the form of a one page summary of the event and how it will help improve the quality of life of the individual with a disability and/or their family. Documentation allows us to gather qualitative data to ensure continuation of future funding.

Unfortunately, DSAGNO can rarely fund 100% of the amount requested on the stipend form. If you need additional funding for this event, you will need to go to other sources for this funding, such as stipends through the Families Helping Families center in your region (provided to them through the Louisiana Developmental Disabilities Council and your local OCDD district or authority). If you are unable to secure additional funding and not able to attend the event, please remember you must return all funding received from DSAGNO.

By signing below, I agree to the above terms and conditions for receiving a stipend from the Down Syndrome Association of Greater New Orleans.

Please Print Name _____

Please Sign Name _____

Date _____