

CONFERENCE SUPPORT APPLCATION
A Program of the Georgia Council on Developmental Disabilities

Organization _____

FEI # _____ Organization Contact Name _____

Org. Phone _____ Email _____ Website _____

Org. Address/City/ZIP _____

Name of Event _____

Date(s) of Event _____ Location of Event _____

Total Event Budget _____ (Itemized event budget must accompany this form for consideration.)

Brief Description of Event (include brochure/flyer, and the benefits to attendees and the disability community)

How will funding be used? _____

How will the Georgia Council on Developmental Disabilities be recognized? _____

Total Amount Requested* \$ _____ *Not to exceed \$2,500.00

Original Organizational Signature: _____ Date: _____

This section to be completed by GCDD Staff

Approvals:

GCDD Staff:

Grants Manager:

Fiscal Officer:

NAME

NAME

DATE

DATE

Executive Director:

NAME

DATE