

**Maryland Developmental Disabilities Council**  
**CONFERENCE PARTICIPATION - BUDGET**

Name of Individual/Family: \_\_\_\_\_ Date budget submitted: \_\_\_\_\_

Conference: \_\_\_\_\_ Date(s) of conference: \_\_\_\_\_

<b><u>Conference-related expenses</u><sup>1</sup></b>	<b><u>Total Expense</u><sup>2</sup></b>	<b><u>Council Funds</u><sup>3</sup></b>	<b><u>Other Sources of funds</u><sup>4</sup></b>	<b><u>Source</u><sup>5</sup></b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTALS:</b>	_____	_____	_____	_____

<sup>1</sup> List all conference-related expenses, including the ones you will be paying for.

<sup>2</sup> This is the total cost for each conference-related expense. Provide amounts for each expense.

<sup>3</sup> This is the amount of funds, if any, you are requesting from the Council to help cover an expense.

<sup>4</sup> This is the amount of funds you have obtained (or are applying for) from sources other than the Council, including what you/your family will be paying for.

<sup>5</sup> List the name of the individual or organization that is the “other” source of funds noted in the third column. Note where you/your family is the source.