

**Maryland Developmental Disabilities Council  
CONFERENCE PARTICIPATION – PROPOSED BUDGET**

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

Address: \_\_\_\_\_ Email or Phone#: \_\_\_\_\_

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

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

<sup>1</sup> List all conference-related expenses, including the ones you will be paying for or that will be paid by someone else.

<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. This must be at least 25% of all of the conference expenses listed in the first column (**10% if you live in Baltimore City or Somerset County**). For example, if you are requesting \$1000 from the Council, you and/or others must contribute at least \$333.

<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.