

**2017 Adirondack Assistive Technology Expo
Supplemental Funding Application**

In an effort to promote the use of assistive technology and to increase access to information for AT consumers, the 2017 Adirondack Assistive Technology Expo is offering supplemental funding to ten individuals to support attendance at this year's conference. Applications will be considered on a first-come, first-served basis, and will not be accepted after October 20.

Terms of the supplemental funding are as follows:

- Recipient of supplemental funding must be an individual with a disability, or a family member or caregiver of an individual with a disability.
- Recipients must reside in northern New York.
- Recipients will complete supplemental funding application, demonstrating a sincere interest in assistive technology and expressing how attendance at this conference will benefit an individual with a disability.
- If selected, the supplemental funding will cover:
 - Conference registration
 - Up to \$200 towards associated costs, which may include:
 - Overnight accommodations in Tupper Lake (up to two nights)
 - Mileage (to be reimbursed following conference via pre-paid gas card)
 - Child/adult care (invoice from care provider must be submitted)
- Breakfast, lunch and snacks will be provided at the conference.
- Recipients of supplemental funding will be required to submit a \$50 reservation fee, which will be applied to future supplemental Adirondack AT Expo funding awards.
- Completed application form and \$50 reservation fee must be received by October 20.

2017 Adirondack Assistive Technology Expo
October 23 & 24, 2017
The Wild Center, Tupper Lake, NY

For more information, visit
<http://www.clarkson.edu/ot/atexpo/index.html>

This funding is made possible by a generous grant from the John B. Snow Foundation.

**2017 Adirondack AT Expo
Supplemental Funding Application**

Please complete and return the following form no later than October 20. Forms may be submitted to Lisa Tebo, ltebo@clarkson.edu.

Name:		Phone number:	
Street address:			
City:		State:	Zip:
E-mail address:			
Which of the following best describes you?			
<input type="checkbox"/> I have a disability.			
<input type="checkbox"/> I am the parent of a child with a disability.			
<input type="checkbox"/> I am a family member of an adult with a disability.			
<input type="checkbox"/> I am a primary caregiver of an individual with a disability.			
<input type="checkbox"/> Other. Please explain:			
Which of the following best describes your current familiarity with or use of AT?			
<input type="checkbox"/> I have no previous familiarity or experience with AT.			
<input type="checkbox"/> I have limited familiarity or experience with AT.			
<input type="checkbox"/> I have considerable familiarity or experience with AT.			
<input type="checkbox"/> I have extensive familiarity or experience using AT.			
Do you currently have access to AT that is underutilized?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No			
<input type="checkbox"/> Unsure			
Comments (optional):			

Do you currently have access to AT that does not meet your needs?

Yes

No

Unsure

Comments (optional):

In one paragraph, please describe your current or anticipated use of assistive technology.

In 1-2 paragraphs, please tell us why you'd like to attend the Adirondack AT Expo. What do you hope to learn? How do you believe it will benefit you or your loved one?

How did you learn about this supplemental funding opportunity?

In addition to conference registration, do you intend to use additional supplemental funds (up to \$200)? If so, please indicate how it will be utilized.

Mileage reimbursement (via gas card)

Child/adult care (payment made directly to caregiver)

Overnight accommodations

If yes, how many nights do you intend to stay?

One night

Two nights

I will not require any additional funding for mileage, accommodations, or care.

If selected for supplemental funding, you will be asked to complete a brief survey immediately following the Expo, as well as a second follow-up survey approximately 8 weeks after the Expo.

Yes, I agree to return the follow-up surveys in a timely manner.

If selected for supplemental funding, you will be asked to provide a non-refundable \$50 reservation fee, which will be applied to future supplemental funding opportunities.

Yes, I agree to submit the \$50 reservation fee by October 20 if selected.

Application submitted by:

Date submitted: