

Statewide Independent Living Council Funding for Individuals to Participate in Training on Independent Living

Purpose and Process

The South Dakota Statewide Independent Living Council (SILC) has limited funds available to assist individuals in participating in training events that will assist them in promoting independent living (IL) for persons with all types of disabilities and of all ages.

Funds are intended to be used to participate in training that promotes the independent living philosophy of consumer control, consumer choice, self and systems advocacy and peer support. A second intent for the funds is to support training opportunities for unserved or underserved populations.

The SILC reserves the right to reject any and all applications for any reason deemed necessary following a review by the SILC.

Next Steps:

- Complete the application packet, including a budget page and justification, and mail to: SD Statewide Independent Living Council; 221 South Central Avenue, Suite 33; Pierre, SD 57501
- Please call SILC staff at 1-605-494-3613 or email them at cwagoner@bhssc.org for assistance in completing the application or if you need the application in alternative format.
- Upon receipt, staff will share with the SILC for their review and action.
- After the SILC has reached a decision, SILC staff will communicate the outcome with the applicant.
- All awards are dependent upon the availability of federal and state funds.
- All funds are provided on a reimbursement basis only. This includes submitting receipts for needed lodging and/or registration fees.
- Reimbursement will be based upon state rates.

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on Independent Living**

Application

Required information:

Applicant Name: _____

Applicant Address: _____

Email: _____ Phone/Cell Number: _____

Title of Project/Event: _____

Expenses to be covered: _____

(\$500 is the maximum amount available through this process.)

How will your participation in this training/event promote independent living for individuals with disabilities in South Dakota? (Add an additional page as needed)

By signing below, I verify that the information provided is accurate to the best of my knowledge.

Signature: _____ Date: _____

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BUDGET SHEET

Description	Requested SILC Funds	Match From Applicant	Match From Other Resources	Total Project Budget
Registration Fees				
*Per Diem/Mileage (If travel is required)				
Hotel (if overnight accommodations are required)				
Other				
TOTAL				

*Reimbursement will be based upon state rates. If the training event or conference provides a meal (included with the cost of the registration fee), this amount will not be reimbursed.