

## **Board of Vocational Rehabilitation Individual Application to Request Training Funds**

The South Dakota Board of Vocational Rehabilitation (BVR) has designated funds available to assist individuals with disabilities to participate in training events that will assist them to prepare for, secure, retain, advance or regain employment.

### Who can apply for funding?

Individuals with disabilities and/or family members who are residents of South Dakota. (Individuals who are receiving vocational rehabilitation services from the Division of Rehabilitation Services should contact their counselor first to determine if funding is available {from VR} as part of their Individualized Plan for Employment to support their participation at the training or conference.)

### What can the funding be used for?

Funds are used to provide opportunities for individuals with disabilities and/or their family members to participate in training activities that promote meaningful choices and decisions in terms of employment. Training topics may include but are not limited to: how to improve earnings; how earnings impact benefits; resume and job interviewing skill development; and career advancement. Requested funds may be used for:

- Registration fees for training activities;
- Meals (approved state rates: \$5.00/breakfast; \$9.00/lunch and \$12.00/dinner)
- Mileage (approved state rate \$.37/mile)
- Lodging (approved state rate \$50+tax)
- Accommodations i.e., personal attendant care services, child care or respite care)

### How much funding is available?

- Funding is dependent upon the availability of federal/state funds;
- Funding is approved on a first come, first serve basis;
- Individual requests for financial assistance may be approved up to \$500.00;
- The BVR reserves the right to reject an application for any reason (i.e., application does not meet the criteria, funding is not available).

## Criteria for awarding funding:

- Individuals with disabilities of working age;
- First time applicants for funds;
- Training which will support the individual's success in employment;
- Training targeted to reach underserved or unserved populations;

## How do I apply?

- Complete and return the application packet along with a copy of the training agenda, conference agenda or training session outline.
- Applications should be submitted to: Board of Vocational Rehabilitation; 221 South Central Avenue Ste 34A; Pierre, SD 57501.
- Application materials are available in alternate formats by request.
- If assistance is needed in completing the application, please call BVR staff at 1-800-210-0143 or (605) 945-2207 or email staff at [colettew@sd-ccd.org](mailto:colettew@sd-ccd.org) (Colette Wagoner) or [faithe@sd-ccd.org](mailto:faithe@sd-ccd.org) (Faith Korkow).

## What is the review process?

- The Executive Committee will review applications and make recommendations to the full BVR;
- If the application is received prior to the next scheduled BVR meeting, the Executive Committee has the authority to make a decision on the request. The Executive Committee's decision will be reported to the full BVR at the following meeting.
- The Executive Committee's decision will be communicated to the applicant following their review, consideration and action.
- All applicants will be notified within 15 days of the Executive Committee's decision as to the outcome of their application. If approved, they will be notified of the amount of assistance to be provided by the BVR.

## Process:

- Funds are provided on a reimbursement basis, unless doing so precludes the individual from participating in the activity. Examples: Board staff can process registration fee for the individual to attend a training event; or hotel room can be direct billed to the Board; if the individual makes these arrangements with Board staff in advance.
- Approved applicants will be asked to provide a report (see last page), possibly in person, on what was learned from the training and how it is being applied to reach their vocational rehabilitation goals and/or promote employment opportunities for individuals with disabilities.

**Board of Vocational Rehabilitation (BVR)**  
**Individual Application to Request Training Funds**  
**(Application is 2 Pages in Length/Budget Justification is 1 Page)**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Preferred Method of Contact:    \_\_\_\_\_ phone number    \_\_\_\_\_ email    \_\_\_\_\_ mail

Check the following:

\_\_\_\_\_    I am an individual with a disability wanting to obtain or maintain employment and/or promote employment opportunities for all individuals with disabilities.

\_\_\_\_\_    I am a family member of an individual with a disability.

Title of Training Activity: \_\_\_\_\_ (Attach Agenda)

Date of Training Activity: \_\_\_\_\_ Location: \_\_\_\_\_

Why do you want to attend this training activity?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will your participation in this training support you in being successful in employment or promote employment opportunities for individuals with disabilities in South Dakota?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes  No I have attached a copy of the conference information or brochure with my application.

Yes  No This project/event will train individuals with disabilities and/or their family members regarding vocational rehabilitation opportunities (i.e., activities which will assist an individual(s) with a disability to prepare for employment, secure employment, retain employment, or regain employment).

Yes  No Have you received this type of assistance from the BVR before?

If yes, when did you last receive assistance? \_\_\_\_\_

Amount received \$\_\_\_\_\_

How will your participation in this project/event promote vocational rehabilitation opportunities for individuals with disabilities in South Dakota?

---

---

---

---

---

---

---

If approved, the following can occur if prior arrangements are made with Board staff:

- Registration Fee could be paid in advance on behalf of individual/family member attending conference or training;
- Hotel room/lodging can be direct billed to the Board of Vocational Rehabilitation.

After attending the training or conference, and the follow-up report has been completed/submitted a check will be processed for any remaining reimbursement costs (i.e., mileage, attendant fees, other).

**Board of Vocational Rehabilitation  
Individual Application to Request Training Funds**

**Budget Justification**

In order to participate in this training activity, I would need financial assistance with the following items:

	Amount Needed
___ Registration Fee (please include copy of registration form)	\$ _____
___ Meals (state rates: \$5.00/breakfast; \$9.00/lunch; \$12.00/dinner)	\$ _____
___ Mileage (reimbursable at state rates, \$.37/mile)	\$ _____
___ Lodging (reimbursable at state rates)	\$ _____
___ Personal Attendant Services/Respite Care (Example: 2 hours @ \$10.72 = \$21.44)	\$ _____
___ Other (i.e., taxi, shuttle)	\$ _____
 Total Amount of Funding Request from the BVR:	 \$ _____

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reminder: The BVR reserves the right to reject an application for any reason (i.e., application does not meet the criteria, funding is not available).

**Board of Vocational Rehabilitation (BVR)  
Individual Application to Request Training Funds**

**Follow-Up Report – Please submit this report to the BVR after attending the training activity (address is noted below)**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Training Activity Attended: \_\_\_\_\_

Date and Location of Training : \_\_\_\_\_

Breakout Sessions Attended (if applicable):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

What was learned from the training sessions or conference, in general?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit completed form to:  
Board of Vocational Rehabilitation  
221 South Central Avenue  
Pierre, SD 57501