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; Mileage; Lodging (approved state rates)
- 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; and
• 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 33; Pierre, SD 57501.
• Application materials are available in alternate formats by request.
• If assistance is needed to complete the application, please call BVR staff at 1-605-494-3613 or email staff at cwagoner@bhssc.org (Colette Wagoner).

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:
• All funds are provided on a reimbursement basis only. This includes submitting receipts for needed lodging and/or registration fees. Per diem can include reimbursement for meals and mileage based upon state rates.
• 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 to be successful in employment
or promote employment opportunities for individuals with disabilities in South Dakota?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Application Page 1
___ 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?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

After attending the training or conference, and the follow-up report has been completed; please submit receipts for related travel/conference costs i.e., receipt for lodging, conference/registration fee to BVR staff.
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:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ Registration Fee (please include copy of registration form)</td>
<td>$________</td>
</tr>
<tr>
<td>___ Meals (state rates: $6.00/breakfast; $14.00/lunch; $20.00/dinner)</td>
<td>$________</td>
</tr>
<tr>
<td>___ Mileage (reimbursable at state rate: $.42/mile)</td>
<td>$________</td>
</tr>
<tr>
<td>___ Lodging (reimbursable at state rate: $75.00)</td>
<td>$________</td>
</tr>
<tr>
<td>___ Personal Attendant Services/Respite Care</td>
<td>$________</td>
</tr>
<tr>
<td>(Example: 2 hours @ $12.86 = $25.72)</td>
<td></td>
</tr>
<tr>
<td>___ Other (i.e., taxi, shuttle)</td>
<td>$________</td>
</tr>
</tbody>
</table>

Total Amount of Funding Requested 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 Ste 33
Pierre, SD  57501