Application for this grant requires a consultation with USpireND. A letter of confirmation from <u>USpireND</u> MUST accompany this application.

Program Name			License Number		
Program Point of Contact			Growing Futures Org ID		
Address		City	State	ZIP Code	
Telephone Number	Email Address				
Current Child Enrollment					
Current Number of Enrolled Children with Developmental Delays or Disabilities					
Describe have this growt will allow you to some for abildram with developmental delays and inchilities					
Describe how this grant will allow you to care for children with developmental delays or disabilities.					

Provide an Itemized List of Requests Including Description and Cost fo	Estimated Cost (including
	shipping, handling & tax)
Grant Amount Requested for Staffing	
Grant Amount Requested for Environmental Modifications	
Grant Amount Requested for Materials and Equipment	
Total Amount Requested	
Signature	Date
Send application and supporting documentation to:	
Early Childhood Services dhsec@nd.gov	
<u>инэескини.gov</u>	
For Office Use Only	
Grant Review Team Signature	
Supplier ID Number Date Award L	etter and MOU Sent