

SHELTER CARE DEVELOPMENT/START-UP GRANTS

Invitation for Applications

The North Dakota Department of Human Services', Children and Family Services Division (Department), invites current and prospective providers of shelter care services to apply for a grant support to establish or enhance services and facilities leading to the ability to be certified by the Department.

THE OPPORTUNITY

The need for short term temporary shelter care services for children has increased across North Dakota. Department recognizes that new requirements for providers to be certified may prevent some to seek certification. Changes to infrastructure needed to meet certification requirements may prove cost prohibitive to some.

To address some of these issues for providers, Department created the Shelter Care Development/Start-up Grant Program. Providers may apply for up to \$150,000 per site (total grant program limited to 10 sites) to assist with costs associated with bringing facilities up to certification standards, including structural modifications and staffing ratios to meet Administrative Rule. Providers with more than one shelter care site may apply for funds to accommodate all sites. This is a one-time grant and currently there is no intention for renewal.

Administrative rule for the shelter care program certification can be found at:

<https://www.legis.nd.gov/information/acdata/pdf/75-03-14.1.pdf>

The Application for Certification of Shelter Care Program can be found at:

<https://www.nd.gov/eforms/Doc/sfn01728.pdf>

APPLICATION REQUIREMENTS

Providers are required to apply for funding using the format on the following pages. Failure to include requested information or follow the requested format may result in the application being delayed or denied. Applicants are encouraged to be thorough yet concise. Overly lengthy applications are discouraged. Applications are required to be submitted electronically to ctpedersen@nd.gov. Only applications submitted electronically will be considered.

APPLICATION DEADLINE

There is no application deadline. Because this is a limited grant program of \$1.5 million in total available funds, interested parties are encouraged to apply as soon as possible. Once funds have been expended, the program will close.

CLAIMING EXPENDITURES

Selected providers will be reimbursed for actual expenditures using SFN 1763 (<https://www.nd.gov/eforms/Doc/sfn01763.pdf>) accompanied by copies of receipts of purchase. No payment will be made in advance. Reimbursement is only for costs incurred after award of the grant. Requests for Reimbursement shall be made monthly and accompany the written progress report.

EXPECTATIONS OF GRANT RECIPIENTS

If awarded a Shelter Care Development/Start-up Grant, providers will agree to the following:

- Enter into a Grant Agreement with Department;
- Submit a completed and signed Request for Reimbursement (SFN 1763) with a written progress report at the end of each month to include required and elective performance data;
- Provide a written final report along with financial report at the conclusion of the grant period;
- Remain operational for at least one year post-grant.

Failure to meet these requirements will result in the recipient needing to return all grant funds received.

QUESTIONS

Questions about the grant program or this application should be directed to Cory Pedersen, Director of the Children and Family Services Division, at ctpedersen@nd.gov or (701) 328-3587 or Dean Sturn, Foster Care Administrator, at drsturn@nd.gov or (701) 328-1018.

**APPLICATION FOR FUNDING
SHELTER CARE DEVELOPMENT/START-UP GRANTS**

APPLICANT IDENTIFICATION

Organization:

Mailing Address:

City, State, Zip Code:

Taxpayer ID:

Primary Contact Person:

Position/Job Title:

Telephone Number:

Fax Number:

Email Address:

Alternate Contact Person:

Position/Job Title:

Telephone Number:

Fax Number:

Email Address:

FUNDING REQUESTED (Not to Exceed \$150,000 per site): \$

NUMBER OF PROJECT SITES:

PROJECT DESCRIPTION: Provide a summary of the project to include (but not limited to):

- Describe the project site this funding will be used at. If more than one site is included in this funding request, include information for each site. Information should include physical address.
- Describe the issue this funding will be used to address.
- Describe how the funding will be used to address the identified issue.
- Describe how this project will improve outcomes for the organization's target population.

PROJECT ACTIVITIES AND TIMELINE: Indicate each of the primary or major activities that will occur to carry out the project and their anticipated start and end dates.

PROJECT BUDGET: Provide an estimated budget and budget narrative for the project.

SUSTAINABILITY PLAN: By accepting these funds, the organization agrees to provide services to the target population for at least one year. Provide the organization's plan to sustain shelter care services for at least one year and beyond.

OUTCOME MEASURES: Department requires, at a minimum, that the following data be provided each month for which funding is received (including the follow-up year):

- Capacity data
- Referral source
- Average length of stay

Identify at least two additional measures you will use to indicate improved outcomes for the target population because of this project.

APPLICATION DEADLINE: Applications will be accepted at any time until funds have been exhausted.

QUESTIONS: Questions about the grant program or this application should be directed to Cory Pedersen, Director of the Children and Family Services Division, at ctpedersen@nd.gov or (701) 328-3587 or Dean Sturn, Foster Care Administrator, at drsturn@nd.gov or (701) 328-1018.

APPLICATION DECLARATION

To complete your application, you must confirm – by placing your initials in the first box of each line – that you understand and agree with all of the following statements:

	I have carefully read and understand the requirements and conditions as described in the application, and I confirm that the organization I represent agrees with those requirements and conditions.
	I confirm to the best of my knowledge the statements in this application are complete and accurate.
	I agree that the organization I represent will return all the funding if it does not meet all documentation and reporting requirements as outlined in the application, including submission of a request for reimbursement with a written progress report at the end of each month and the providing of a final written report with a financial report at the conclusion of the grant period.
	I agree that the organization I represent will return all of the funding if it does not provide shelter care services for at least one year post-grant.
Name of Authorized Representative (please type or print)	
Position	
Signature	
Date	

Complete and submit your application to ctpedersen@nd.gov.