

SPECIAL EDUCATION DISCRETIONARY GRANT APPLICATION

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION SPECIAL EDUCATION SFN 12374 (03/2017)

Instructions for completing		Complete one i					
Applicant Organization Name			2. Applicant DUNS Number				
3. Applicant Organization Address			City		State	ZIP Code	
4.a Project Name			4.b Application Deadline				
5. Brief Description of F	Project (or attach)						
6. Project Period (must Beginning Date (MM/D	be between these dates:	<u> </u>	nd// Ending Date (MM/DI	D/YY)			
7. Budget Summary (At	tach a project narrative tha	t includes a Bu	dget Justification.) Applicant's Participatio	n			
Budget Category	Federal Funds	State Fund		Other I	unds	Total	
Personnel	100						
Consultant Services	300						
Travel	500						
Consumable Supplies 6	600						
Equipment	700						
Other 8	300						
TOTALS							
the "Fiscal Requirements 30 days after project's er	onduct this grant award with for Federal Programs" fou	hin the guideline ınd on NDDPI's	s issued by the Department website. A final invoice and Typed Name	of Public Ins performance	struction (D e report will	PI) and to comply w be submitted within Date	
Title			Telephone Number				
		Signature of Chairperson of Applicant's Governing Board			Typed Name		
Signature of Chairperso	on of Applicant's Governing	Board	Typed Name			Date	
Signature of Chairperso	on of Applicant's Governing	j Board	Typed Name City		State	ZIP Code	
Address 9. State Use Only			City		State	ZIP Code	
Address					State		
Address 9. State Use Only			City ard Sponsor		State	ZIP Code	

INSTRUCTIONS

This application form must be completed by all applicants requesting funding for an IDEA-B Discretionary Grant from the Department of Public Instruction. The application must be fully completed and signed by the applicant's authorized official and chairperson of the applicant's governing board. The entire application should be typewritten. Submit the application to:

Department of Public Instruction Office of Special Education 600 E. Blvd. Ave., Dept. 201 Bismarck, ND 58505-0440

Please read and follow the instructions carefully. Questions and inquiries should be directed to the Special Education office at (701) 328-2277.

- 1. **APPLICANT ORGANIZATION**: The special education unit (or other organization) that will assume programmatic and fiscal accountability for the use and disposition of federal subaward grants awarded on the basis of this application.
- 2. **APPLICANT DUNS NUMBER**: required for federal reporting purposes.
- 3. ADDRESS OF APPLICANT ORGANIZATION: Provide the mailing address of the organization.
- 4.a **PROJECT NAME**: enter a name if not pre-filled
- 4. b **APPLICATION DEADLINE:** last date that applications will be accepted for review (call NDDPI if this is blank.)
- BRIEF DESCRIPTION OF PROJECT: Provide an abbreviated and informative summary of the project's purpose and expected accomplishments. Information should be sufficient to allow its use to publicize the project.
- 6. **PROJECT PERIOD**: Indicate project beginning and ending dates. The beginning date cannot be earlier than the project application deadline. The project period must be between the dates listed. Final reports are due on or before 30 days after the completion of the project.
- 7. **BUDGET SUMMARY**: Show all financial resources, by budget category, to be allocated to the project. Be sure that figures agree with figures in the Budget Justification included in the Project Narrative Section of this application. Spending is only allowed in preapproved categories. Expenditures per line item may not increase more than 10 percent of total award without an authorized budget revision. Total federal fund reimbursement may not exceed approved amount.
- 8. **TERMS AND CONDITIONS SIGNATURES**: Self-explanatory.
- 9. **STATE OFFICE USE ONLY**: Self-explanatory.