



# SPECIAL EDUCATION DISCRETIONARY GRANT APPLICATION

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION

DIVISION OF SPECIAL EDUCATION

SFN 12374 (09-2015)

Complete one form per application.  
Instructions on next page.

|                                   |      |                           |          |
|-----------------------------------|------|---------------------------|----------|
| 1. 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 Project (or attach) |                          |

6. Project Period (must be between these dates: \_\_/\_\_/\_\_ and \_\_/\_\_/\_\_)

|                           |                        |
|---------------------------|------------------------|
| Beginning Date (MM/DD/YY) | Ending Date (MM/DD/YY) |
|---------------------------|------------------------|

7. Budget Summary (Attach a project narrative that includes a Budget Justification.)

| Budget Category     | Federal Funds | Applicant's Participation |             |             | Total |
|---------------------|---------------|---------------------------|-------------|-------------|-------|
|                     |               | State Funds               | Local Funds | Other Funds |       |
| Personnel           | 100           |                           |             |             |       |
| Consultant Services | 300           |                           |             |             |       |
| Travel              | 500           |                           |             |             |       |
| Consumable Supplies | 600           |                           |             |             |       |
| Equipment           | 700           |                           |             |             |       |
| Other               | 800           |                           |             |             |       |
| TOTALS              |               |                           |             |             |       |

8. Terms and Conditions

The grantee agrees to conduct this grant award within the guidelines issued by the Department of Public Instruction (DPI) and to comply with the "Fiscal Requirements for Federal Programs" found on NDDPI's website. A final invoice and performance report will be submitted within 30 days after project's end date

|   |                  |                   |
|---|------------------|-------------------|
| Signature of Authorized Official/Project Director       | Typed Name       | Date              |
| Title   | Telephone Number |                   |
| Signature of Chairperson of Applicant's Governing Board | Typed Name       | Date              |
| Address   | City             | State<br>ZIP Code |

9. For State Use Only

|                         |                     |                |
|-------------------------|---------------------|----------------|
| Prime Award FAIN Number | Prime Award Sponsor | CFDA Number    |
| Project Number          | Activity Code       | Class<br>20167 |
| Approved By             | Amount              | Date           |

## 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  
Division 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, telephone (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.)
5. **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.