



INCLUSIVE CARE SUPPORT GRANT REPORT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
EARLY CHILDHOOD
SFN 1929 (4-2024)

Program Name	
Program Point of Contact, Owner or Director	Growing Futures Organization Identification (ID) Number
Total Inclusive Care Support Grant Expenditures To Date	Total Number of Children in your Program
Total Number of Children Assisted using Inclusive Care Support Grant Funds	
Describe how funds were used and how they impacted children with disabilities or developmental delays in your program (be specific – attach additional sheets if needed):	

Report Completed By

Print Name	
Signature	Date

Once Completed Email This Form to: DHSECPD@nd.gov