



**INCLUSIVE CARE SUPPORT GRANT**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
EARLY CHILDHOOD  
SFN 1930 (10-2023)

Program Name	
Program Point of Contact, Owner or Director	Growing Futures Organization Identification (ID) Number

**SUPPORTIVE CHILD BENEFITS (\$500 per qualified child per month)**

Child	Does the child have an Individualized Family Service Plan (IFSP), Individualized Education plan (IEP) or diagnosis of a developmental delay or disability?	Tell us how you have partnered with the parents, early intervention, educational, medical, disability, or mental health providers to support this child needs.	Describe how you plan to use the funds to support the child's needs in an inclusive early childhood setting
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**SUPPORTIVE CHILD BENEFITS (\$500 per qualified child per month) - continued**

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*Use additional document if more lines are needed.*

**Funding must be used for:**

- Salaries for additional staff supports.
- Approved professional development and training directly related to the delivery of the inclusive program for children with disabilities, special needs, or developmental delays.
- Approved educational and resource materials directly related to the delivery of the inclusive program for children with disabilities, special needs, or developmental delays.

**SPECIALIZED EQUIPMENT** (maximum amount of \$1500 for the biennium)

Item Description	Cost of Item (including shipping/ handling/tax)	Description of why item is needed, how it will be used and how the item creates a more inclusive child care environment.

Prior to requesting adaptive equipment, check with the below resource as an option:  
<https://www.hhs.nd.gov/individuals-disabilities/LSTC/adaptive-equipment-services>

**ENVIRONMENTAL MODIFICATIONS** (maximum amount of \$10,000 for the biennium)

Modification Description	Cost of Item/Bid (including labor/shipping/ handling/tax)	Description of why item is needed, how it will be used and how the modification creates a more inclusive and accessible child care environment.

**Funding must be used for:**

- Equipment and environmental modifications directly related to the delivery of the inclusive program for children with disabilities, special needs, or developmental delays.
- Modifications are to be focused on accessibility.

**ADDITIONAL INFORMATION**

- Every 90 days, you are required to complete a report in Growing Futures of how funds were spent.
- If audited, you will be required to provide child attendance records, receipts of purchases, pay stubs, etc.
- You are required to meet, quarterly, with the Inclusion Coach assigned to your program.

Signature of Owner or Director	Date
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