

Community Empowerment Grant *Application (Up to \$10,000)*

Project Title:

Applicant (lead contact):

Address:

Telephone:

Date of Work: October 1, 2026 - September 30, 2027

Email:

Answer the Following Questions

1. What specific change is needed in your local community? What is your goal to address the need?
2. Describe your proposed activities (what you are going to do) and expected outcomes (what will happen as a result that will have a positive impact on the lives of North Dakotans with developmental disabilities).
3. How will you know that you have achieved your goal(s)?

4. Describe how you will collaborate with others to achieve the goal(s) of your project. Who will be part of your group/collaborative effort? How will people with developmental disabilities and/or family members lead or help lead your project?

5. What types of support do you think you will need to carry out your project successfully?

6. Describe how the impact/outcomes of your project will continue after grant funding ends.

7. Describe how you will contribute a 30% in-kind match to this project

8. If you are not a nonprofit agency, have you identified an organization to receive and administer the funds on your behalf or do you need the Council's support to identify one?

9. Complete the following budget information.

Category (for ex., transportation, supplies)	Amount Requested from Council
Total	\$

10. Please briefly explain how you calculated the amount you are requesting in each category above.

Proposal Submission Instructions

Interested applicants should submit a completed proposal outlining their proposed activities, timeline, budget, anticipated outcomes, and any required matching contributions.

Proposals must be submitted electronically via email to:

Julie Horntvedt

Email: jhorntvedt@nd.gov

Please include "Community Empowerment Grant" in the subject line of the email. Applicants should also identify how they will provide the required **30% in-kind match**.