

Health & Dental Provider Disability Training Grant Application: (Up to \$5,000)

Project Period: October 1, 2026 - September 30, 2027

This grant supports **health and dental providers** who want to improve care for people with intellectual or developmental disabilities (IDD). Funding helps providers offer **training, education, and practice improvements** that make their services more accessible, respectful, and effective.

Funds may be used for:

- Training space rental
- Staff time for planning, delivering, or attending training
- Food for training events
- Speaker/Trainer costs

The DD Council will also provide technical assistance from staff with lived experience, including:

- Training ideas and materials
- Guidance on disability etiquette and communication
- Support designing accessible workflows
- Help to get your training series off the ground

Section 1: Organization Information

Organization Name:

Primary Contact Person:

Phone Number:

Email Address:

City/Town in North Dakota:

Type of Provider (check all that apply): ☐ Medical Clinic ☐ Dental Clinic ☐ Hospital or Health System
☐ Private Practice ☐ Community Health Center ☐ Other:

Section 2: About Your Training Project

Training Project Name (if known):

Who will receive the training? (Examples: dentists, hygienists, nurses, front-desk staff, medical assistants)

What disability-related topics will you focus on? (Examples: communication, sensory needs, informed consent, accommodations, trauma-informed care)

Why is this training needed in your clinic or community?

How will this training improve care for people with disabilities?

Section 3: Staff Support & Accessibility

Who will plan or deliver the training?

What experience do they have with disability, inclusion, or patient support?

How will you make sure the training is accessible and welcoming? (Examples: plain language, visual supports, hands-on practice, sensory-friendly environment)

Section 4: Technical Assistance Needs

How would you like DD Council staff to support your training project? (Examples: co-training, reviewing materials, providing lived-experience insight, helping design activities)

Section 5: Budget (Up to \$5,000)

Training Space Rental: \$

Staff Time (planning, delivery, attendance): \$

Food for Training Sessions: \$

Trainer/Professional Costs: \$

Other Costs (explain): \$

Description of Other Costs:

Total Amount Requested: \$

Section 6: Commitment

☐ We agree to use the funds only for training space rental, trainer fees, staff time, food, and other approved costs.

☐ We agree to work with DD Council staff for technical assistance during the year.

Section 7: In-Kind Match Requirement (30%)

This grant requires a **30% in-kind match** from the grantee. In-kind match may include:

- Staff time
- Space or facility use
- Volunteer hours
- Materials or supplies
- Non-cash contributions
- Transportation
- Administrative support
- Other

Describe the in-kind match your organization will provide:

Estimated value of in-kind match: \$

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 "Health & Dental Training Grant" in the subject line of the email. Applicants should also identify how they will provide the required **30% in-kind match**.