

Section 1

Select ONE type of grant you are applying for:

Type of Grant	Maximum Award	Examples	Select ONE
<p>Accessibility Supports accessibility for projects, programs, activities</p>	<p>\$500</p>	<ul style="list-style-type: none"> • American Sign Language and/or CART services • Website and materials auditing for accessibility improvement • Training in how to make your print and digital presence more accessible 	
<p>Individual or Family Conference, Training, or Leadership Grant Supports development of leadership and self-advocacy skills/strategies</p>	<p>\$5,000</p>	<ul style="list-style-type: none"> • Attend conferences/trainings to develop and strengthen self-advocacy skills. • Learn about disability at a conference and then share information learned with others; parent groups, providers, medical team, advocacy group, non-profit, community group, etc. • Information for families and/or people with ID/DD 	
<p>Employment and Post- Secondary Education Supports individuals' inclusion in employment, post- secondary education</p>	<p>\$1,000</p>	<ul style="list-style-type: none"> • Enrollment in coursework, education, certification training that leads to employment • Specialty clothes or items necessary for pursuing or obtaining employment such as interview clothes, tools for a trade, a uniform, etc. (that is not covered elsewhere) • Temporary transportation to job interviews, classes, or work • Resume assistance/job applications, career/college exploration <p>*Must provide proof of exhaustion or denial of all other public funds or resources*</p>	

Type of Grant	Maximum Award	Examples	Select ONE
<p>Small Innovative Grants Supports community projects that are new and innovative</p>	<p>\$10,000</p>	<ul style="list-style-type: none"> • Innovative Grants should respond to a barrier or issue that has not been successfully addressed to any real extent in the implementation area; relationships, homes, jobs, learning, supports or transportation • A “train the trainer” event to teach self-advocacy skills or other activities • Technical Assistance • Inclusion in co-curricular or community activities • Make communities more inclusive for people with developmental disabilities. 	
<p>Emerging Needs Supports community projects or educational programs that address emerging needs</p>	<p>\$10,000</p>	<ul style="list-style-type: none"> • Fund emerging or unforeseen issue affecting people with developmental disabilities and their families • Fund initiatives that take action to identify/ help the identified priority area 	

If you’re a person with a disability and/or a family member wanting to attend a conference, please fill out Section 1 the L&LG pages. Stop before Section 2.

For Small Grants and Emerging Need Grants: Fill out page 1-2. Read Section 2 and 3. Fill out Section 4 until the end.

For Employment Supports, Accessibility, and/or our Education needs: Fill out page 1 and provide a written narrative of your needs and costs associated. (the narrative will be a stand alone document you provide). You can refer to the Budget section in Section 4 to help with your narrative (include questions 1-3 in your narrative).

The Learning and Leadership Grant (L&LG) - Application

Name of Applicant: _____

Address: _____

Phone: _____ E-Mail: _____

What are the date(s) of the Event? *NOTE: Applications must be received 2 weeks prior to the event to be considered.* _____

Have you applied for this grant in the last year? Please Circle: YES NO

Please see the guidance document to fill out this form. If you have any questions, please contact jhorntvedt@nd.gov for assistance in completing this document.

I Am: _____ A person with and intellectual/developmental disability (I/DD)

_____ A parent/family/guardian of a child/adult with an intellectual/developmental disability

Grantee MUST share what they learned with another organization, non-profit, self advocacy group, parents group, community group, etc. to receive this grant. What is your plan to share with others:

Grantee MUST present the knowledge you received at the quarterly Council meeting either in person, video conferencing, or through a written statement. The Executive Director will help you complete this task. Please contact jhorntvedt@nd.gov to create a plan.

Not completing these steps will make you ineligible for applying for funds in the future.

The name of the event you would like to attend: _____
(Please attach a copy of the brochure, agenda, registration, etc.)

Have you attended this conference/event before? Please Circle: YES NO

If YES, When: _____

The Learning and Leadership Grant (L&LG) - Application

Cost to attend the Event	Explanation	Council Dollars Requested	Out of Pocket Expenses	Funds from another entity (if applicable)
Registration Fee				
Air Fare				
Baggage Fees: Can only cover one bag one way (Typically MAX of \$30)				
Transportation				
Hotel (including taxes)				
Meals (not covered in the registration fee)				
Disability Accommodations				
Other Expenses				
Total Cost				

In accordance with State of North Dakota, reimbursements will be in compliance with State reimbursement rates and the U. S. General Services Administration (GSA) guidelines. It is your responsibility to confirm that your hotel and per diem (meal) rates fall within the GSA rates in order to not incur additional out of pocket expenses. These rates can be obtained by accessing www.gsa.gov. You must use the least expensive means of transportation.

The maximum award for in-state events is \$500/individual or \$1,000/family.
The maximum award for out-of-state events is \$3,000/individual or \$5,000/family.

Please provide a narrative of your costs if it's above and beyond this need. Amounts will be reviewed on a case by case basis.

I have read and understand the Learning and Leadership Grant policy and agree to abide by them. I have attached any information available about the event, related expenses and presentation proposal.

Signature of Chairperson or Designee, Special Notes

Date

Section 2

Please read carefully through the following process:

1. Only complete applications will be reviewed.
2. Preference will be given to projects with the following characteristics:
 - a. People with disabilities and/or family members are developing leadership and advocacy skill.
 - b. People with disabilities and/or family members are exercising personal choice and desire to take part in activity.
 - c. People with and without disabilities are engaged in activities together in integrated settings.
 - d. People with disabilities play an equitable role in the planning of the project.
3. All grant proposals must help achieve one or more of the goals and objectives in the Council's five-year plan, which include:
 - a. Quality of Life
 - b. Advocacy and TrainingThe 5-year plan can be found at www.nd.gov/scdd or email jhorntvedt@nd.gov
4. The Council may give preference to high priority goals and objectives.
5. Grant requests are subject to available funds

Section 3

Please read carefully what a recipient is responsible for after an award:

1. Grantees will be required to take data on performance measures or collect satisfaction surveys. These will be provided to the grantee from the Council.
2. The NDSCDD logo and recognition of the Council's sponsorship must be included on all project materials and publicity. A federal disclaimer may be required.
3. The Council retains a royalty free, nonexclusive, and irrevocable right to reproduce, publish, use, or authorize others to use any materials developed as a result of the project for Federal and State Government purposes.

Section 3 Cont.

4. The Council may publicize the awarding of the grant through press releases and other available media.
5. Grantees are required to keep financial records and records verifying the basis of numbers reported for performance measures for at least three years following the conclusion of the grant and provide them upon request.
6. The project should not have other sources of funding available that are enough to carry out the project (not applicable to L&LG awards).
7. Funding cannot be provided for projects that carry out a function that is an obligation of local, state or federal government (including the school system), area Agencies or other publicly-funded entities.
8. Funding will not be used to pay agency overhead costs such as office rent or salaries or to support the ongoing operations of an agency.
9. Funds will only be provided as a grant or reimbursement.

For Small Grants and Emerging Needs Grants only:

1. A written report on grant activities and outcomes is required when the project is complete and at the end of each federal fiscal year (September 30th) until the project is completed.
 - a. The report must describe all project activities and outcomes, and not be limited to components paid for with Council funds. Applicants should review the reporting form (available on the Council's web site) and ask any questions prior to accepting funds.
 - b. For agency applicants, the Agency Director, President or CEO is responsible for assuring that the report is completed in the event the project manager leaves the agency.
2. There must be a plan in place to evaluate the effectiveness and outcomes of the project and the applicant will share the results with the Council
3. For Grants (not L&LG); the Council requires a 30% match (can be in-kind)

NOTE: The Council does not support:

- Projects that portray people with disabilities as being inspirational to able-bodied people, on the basis of their life circumstances, which objectifies disabled people for the benefit of the able-bodied.
- Social or recreational activities where people with disabilities are isolated or segregated from the broader community or their typically developing peers. This includes projects in which:
 - typically developing peers act as “helpers”
 - people with disabilities have a different status or role than people without disabilities
 - activities where people with disabilities are in a distinct sub-group that is separated or treated differently from the general population.

Section 4

Completely answer all questions.

Name of Applicant: _____ Date of Application: _____

Contact (if different): _____ Tax ID# (if applicable) : _____

Address: _____

Phone: _____ E-Mail: _____

Amount Requested: _____ Project Name: _____

Type of Grant Requested:

- Emerging Employment/Post Sec Small Innovative
 Accessibility Leadership

Are you applying as:

- Individual Organization Family Member

1. Please describe:

- a. the project for which funding is being requested
- b. how the knowledge gained from the project will be shared
- c. how it will impact your life or the life of others
- d. how you will match the grant funds

2. Which of the following measures are applicable to your project?

- Education and Training Coalition Building
 Leadership Development and Advocacy
 Public Education and Outreach

3. Discuss short term or long term impact of the project (not for individual or family grants)

4. How will you plan for sustainability of the project? (not for individual or family grants)

Section 4

Outcome Measures

4. All projects supported by the council must promote one or more goals in the council's five-year strategic plan. Please choose no more than two:

Goal 1 Self-Determined Lives

- Objective 1: Community Integration, Improving policy/practice
- Objective 2: Self-Advocacy, Leadership, Peer Mentoring

Goal 2 Education, Training, Outreach

- Objective 1: Inclusion, Childcare, Before/After School Programs
- Objective 2: Formal/Information Supports, Dual Diagnosis
- Objective 3: Access to programs, Early Intervention, FASD
- Objective 4: Increase Staffing to the DD Field

Goal 3 Increase Systems Change, Advocacy, Policy Efforts

- Objective 1: Increase Affordable and Accessible Housing
- Objective 2: Inclusion at School-across the lifespan
- Objective 3: Communication with healthcare providers
- Objective 4: Innovative Projects to Promote Systems Change

5. Please describe how people with disabilities will be included in the planning and implementation of the project. How will their involvement impact their lives, their families or the community?

If the application is from an organization, please provide a brief description of the group, including whether any of the members have developmental disabilities (not for individual or family grants)

Budget

The project must have sources of funding available that are sufficient to carry out the project. Grants to agencies/non-profits are subject to a 30% in-kind match. Not for individual or family grants.

1. What is the total cost of the request? Include Match here:

2. How much of the total cost will you be contributing?

3. What assistance are you receiving from other funding sources and what are those sources?

I have read and accept the conditions set forth if I am awarded a grant.

Signature of Applicant/Project Manager

Date

Please email your application to:

NDSCDD

jhorntvedt@nd.gov - Telephone: (701) 328-4847

The voting committee meets monthly, so allow ample time for your project/ request to be reviewed.

GETTING HELP

If you have questions or need assistance, please contact the Executive Director at (701) 328-4847.

Disposition of Request / For Office Use Only

Denied

Approved

Amount Approved: \$ _____

Conditions: _____ Review Date: _____

Signature of Chairperson or Designee, Special Notes

Date

Project Title:

Project Work Plan: A project work plan defines the tasks you need to complete in order to fulfill the requirements/deliverables of the project. The written plan includes; project purpose, goals, objectives, specific activities, outcomes, deliverables and target dates. Please use the Council's work plan to complete this section.

Provide a description of your project (Purpose of the project, timeframe, target audience, number of people impacted, and efforts to obtain additional funding beyond the Council).

Describe what positive impact this project will have on the lives of people with disabilities.

How will you measure the impact of your project? How will you know that you have achieved your objectives?

GRANT APPLICATION

Describe how you will collaborate with others to achieve the goals and objectives of your project. Who will be part of the team/collaborative effort? How will you recruit team members (team members can include individuals with developmental disabilities, family, friends and ally's including support staff and community members)?

What types of support (e.g. technical assistance, information, resources) do you anticipate needing to carry out your project successfully?

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

How much funding will you need to effectively implement your project? Please include a detailed budget sheet (see the attached worksheet)

Signature

Date

**BUDGET
WORKSHEET**

Budget Line Items (Delete or add Budget Line Items according to project)	DD Council Requested Amount	Line-Item Justification (Please note this is for Council Dollars)	Match Amount	Line-Item Justification (Please not if match is in-kind, cash or other)
Salaries & Fringe Benefits of Staff (examples: title, monthly salaries, number of months, time commitment, type of fringe benefit including percentages and amounts for each benefit)				
Travel (examples: estimated expenses for mileage, lodging, meals. Include travel destinations, purpose of travel, number of trips, number of miles, length of stay)				
Fees/Activity Costs				
Stipends				
Supplies (examples: office supplies, copying and postage)				
Equipment fees (copier, leases, etc.)				
Equipment				
Operations (examples: computer usage, telephone usage, office space, insurance and utilities)				

BUDGET WORKSHEET

Budget Line Items (Delete or add Budget Line Items according to project)	DD Council Requested Amount	Line-Item Justification (Please note this is for Council Dollars)	Match Amount	Line-Item Justification (Please not if match is in-kind, cash or other)
Consultants				
Other				
Direct Costs				
TOTALS				

Total Amount NDSCDD funds requested for project	\$
Total Amount of Match	\$
Total Amount of Project Cost	\$

Footnotes: 1. (NDSCDD funds + Match = Overall Project Cost). 2. Total Match amount equals at least 30% of Total Project Cost