

INSTRUCTIONS

General Instructions:

This application must be completed by all organizations requesting funding under the Developmental Disabilities Act from the North Dakota Council on developmental Disabilities (NDSCDD).

The application must be fully completed and signed by the application organization's project director and authorized official. Both lines must be signed, even if the project director and the authorized official are the same person. Please submit an original and nine (9), single sided copies of the application to:

North Dakota State Council on Developmental Disabilities
ND Department of Human Services
600 East Boulevard Ave., Dept. 325
Bismarck, ND 58505

Questions and inquiries should be directed to: Andrea Peña at the above address, via e-mail apena@nd.gov or by phone 701.328.4847.

Please follow the instructions carefully.

1. **APPLICANT ORGANIZATION NAME AND ADDRESS:** The institution, entity, agency or organization that will assume fiscal and programmatic accountability for the use and disposition of NDSCDD funds awarded on the basis of this application.
2. **PROJECT TITLE:** Provide a brief, but descriptive, project title. Continuation projects should retain the same title as the previously funded project.
3. **EMPHASIS AREA:** Indicate the emphasis area of the project in accordance with NDSCDD program performance outcome measures (i.e. quality assurance, employment, community supports, education/early intervention, or other).
4. **TYPE OF APPLICATION:** New projects are those with which NDSCDD funds are being requested for the first time. Continuation projects are those which NDSCDD funds have already been provided and an organization wishes to continue the project.
5. **TYPE OF ORGANIZATION:** If "Non-Profit" and/or "Tax Exempt Status" is indicated, attach appropriate documentation to the application. Fill in the Employer ID Number.
6. **PROJECT DIRECTOR/CONTACT PERSON:** The person in the applicant organization who will have the immediate responsibility for developing and directing the project for which NDSCDD funding is being requested. Please include the individual's name, title, telephone number, mailing address and e-mail.

7. AUTHORIZED OFFICIAL: The person in the applicant organization authorized to sign grant agreements and contacts on behalf of the organization. Please include the individual's name, title, telephone number and mailing address.
8. FUNDING REQUESTED: NDSCDD funds cannot exceed 75 percent of the project's total budget. Matching funds must comprise of a minimum of 25 percent of the project.
9. PROJECT BEGINNING AND ENDING DATE: Indicate applicable beginning and ending dates for the project. NDSCDD projects are typically funded annually from October 1 to September 30.
10. TERMS AND CONDITIONS: Please read and sign numbers eleven (11) and twelve (12) based on the identified terms and conditions.
11. SIGNATURES: Persons named in items 6 and 7 must sign and date the original application. Sign the application in blue ink only. Please note: Both lines must be signed, even if the project director and the authorized official are the same person.
12. BUDGET SUMMARY: Show all finances, by budget category that will be allocated to the project in accordance with NDSCDD funds: In-kind match, cash match and state funds. Be sure all calculations are the same as the figures used in the Budget and Justification section in the project narrative. (Item 13.10)
13. PROJECT NARRATIVE: Using the completed Application for Financial Assistance (SFN 1196) as a cover sheet, attach subsequent typewritten narrative for the project. The entire project narrative should be no more than nine (9) pages in length. Please include page numbers at the bottom of each page for the project narrative piece. Do not count the Application for Financial Assistance cover page as one of the nine (9) pages. The project narrative must include the following:
 - 13.1 OVERVIEW: Briefly describe the overall project.
 - 13.2 IDENTIFICATION OF THE PROBLEM/NEED: Describe how the idea for the project was formulated. What are the issues? Identify the gaps, deficiencies, conditions or other circumstances which the proposed project will attempt to address, improve or otherwise resolve. Describe why such improvements or resolutions are important and significant. Use facts and data to build a picture of the problem or need. Identify how this problem or need impacts people with disabilities, their families and the community.
 - 13.3 PROJECT GOALS: Indicate the primary goals the project will attempt to achieve. Goals are generally broad statements of intended project purpose. Goals selected for a project should reflect the goals established in the emphasis areas of the applicable Request for Proposal (RFP) #328-09-21-015, **Section 3.01**.

13.4 PERFORMANCE OUTCOME MEASURES: Performance outcome measures are concise statements of targets that will be achieved under the established goals. Performance outcome measures identified for a project must be drawn directly from the list of NDSCDD performance outcome measures listed in the applicable Request for Proposal (RFP) #328-09-21-015, **Section 3.01**. Performance outcome measures are designed to specify measureable numerical targets and should be identified in a clear, organized, table format.

13.5 ACTIVITIES AND METHODS: Describe in detail the activities that will be implemented during the project period. Include in each activity, the method that will be used to address the identified problem/need and how the activities will meet the goals and performance outcome measures. This component of the application should detail “how” the project will proceed towards meeting its overall goals and performance outcome measures.

13.6 RESOURCES: Explain how resources such as facilities, equipment and other items will be utilized for the project.

13.7 KEY PERSONNEL: Identify (if known) both full-time and part-time staff, their roles and responsibilities in the project and their qualifications.

13.8 COORDINATION AND COOPERATION: Explain how this project will work in coordination and cooperation with other developmental disability services, agencies, programs and/or facilities and clarify how it will work to promote choice, independence, productivity and inclusion for North Dakotans with disabilities.

13.9 SUSTAINABILITY: After NDSCDD funding ends, how will the project be sustained?

13.10 BUDGET AND JUSTIFICATION: In a detailed, organized, table format, list the cost items used to arrive at the figures in each category listed in the Budget Summary (Item 12) on the Application for Financial Assistance (SFN 1196). Identify specific budget items. Examples of budget items applicants may include but are not limited to, are:

- Personnel - Salaries and Benefits - Show the formula used to calculate all salaries and benefits
- Travel – Identify whether the proposed travel is in or out of state and what the travel is for (i.e., a conference, training, etc.). Include airfare, mileage, lodging, meals, parking, etc.
- Fees/Activity Costs
- Stipends

- Transportation
- Consultants
- Rent
- Equipment fees (copier leases, etc.)
- Materials/Supplies
- Printing/Copying
- Phone/Fax
- Postage
- Misc./Other

Please note: The NDSCDD does not fund equipment purchases (ex. computers, fax machines, copiers, etc.) for any project.

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