



## **NDAD Adaptive Recreation Grant**

*(The mission of NDAD is to enhance the quality of lives of individuals facing health challenges).*

### **Minimum Eligibility Requirements**

NDAD uses the following criteria to determine the eligibility of an organization for NDAD funding:

1. The agency program must provide services to communities within the state of North Dakota or direct bordering communities.
2. The agency must provide a service which meets a demonstrated human need. The funds must be used to support adaptive recreational opportunities for people with disabilities.
3. The funds must be used for services and/or programs that do not duplicate existing services and/or programs.
4. The agency must be prepared to provide updated financial information and program outcome data as requested.
5. The agency program must not discriminate on the basis of disability, race, religion, sex, age, sexual orientation or national origin in its staffing policies, use of volunteers, or provision of services.
6. The agency program must demonstrate a clear ability to manage both its programs and its finances in accordance with generally accepted procedures.
7. The agency must have tax exempt status as determined by the Internal Revenue Code.

### **NDAD Adaptive Recreation Grant will not fund:**

1. Direct funds to individuals
2. Capital construction costs
3. Deficit funding
4. Employee compensation (wages, etc.)



**NDAD**

*helping others to help themselves*

North Dakota Association for the Disabled, Inc.

## **Adaptive Recreation Grant Application**

### **Part I: Organization Information**

Name of Organization:

\_\_\_\_\_  
Name of Project:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Contact:

\_\_\_\_\_  
Email:

\_\_\_\_\_  
Phone:

Has organization received notice from the Internal Revenue Service of a tax-exempt ruling or have a non-profit status?

Yes – *If yes, please supply a copy of such ruling with this application form*

No – If no, please explain: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

**Describe your organization and its purpose:**

## Part II: The Project/Request

Amount Requested: \_\_\_\_\_

Estimated completion date of project: \_\_\_\_\_

**Describe the program:**

**Describe the need for the program:**

**Who does the program serve?**

**Describe how the program contributes to the mission of your organization:**

**Describe the expected result from the program:**

**Why should NDAD support this program?**

### **Part III: Budget**

Total amount needed for program: \_\_\_\_\_

Amount secured to date: \_\_\_\_\_

**List other funding sources and amounts pledged or received for this program:**

**Does this program involve collaboration with other agencies/organizations? If yes, list the names of those agencies/organizations and attach any letters of support you may have.**

<b>Program Costs</b>	<b>Total</b>	<b>Funds Committed to the Program</b>
<b>Administrative</b> <i>(Includes salaries, benefits, other personnel expenses)</i>	\$	\$
<b>Operational</b> <i>(Supplies, equipment, daily expense items)</i>	\$	\$
<b>Promotional</b> <i>(Fundraising, advertising, marketing expenses)</i>	\$	\$
<b>Other Costs</b> <i>(Please explain below)</i>	\$	\$
<b>TOTALS</b>	\$	\$

**Explanation of other costs (if applicable):**

**I certify that all the information in this application is true to the best of my knowledge.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_

Applications are due on **March 31, 2023 before 5:00 pm.**

Please return completed application form to Leslie Stastny at  
NDAD, 2660 South Columbia Road, Grand Forks, ND 58201  
or **[lstastny@ndad.org](mailto:lstastny@ndad.org)**