



NDAD

helping others to help themselves

Gibbens Memorial Grant

Application Packet

NDAD will award up to a \$5,000 grant to an agency/organization to be used for a health, welfare, social service or educational purpose for at-risk populations.

Inspired by their son, Mike, who was born with cerebral palsy, Faye and Ron Gibbens built the charitable nonprofit from a small Grand Forks parental support group to a statewide charitable nonprofit helping North Dakotans with a variety of disabilities and health challenges.

The group took root and gained official non-profit status in 1975 as the North Dakota Association for the Disabled, then became a 501c(3) charitable organization the following year. The organization provided information and referral services, particularly for people with disabilities who were unable to find services or workable solutions elsewhere.

Faye and Ron's passion was to provide assistance to individuals in need. In addition to information and referral, NDAD's client services department grew to include direct financial assistance, an equipment loan program, and various other services.

Guidelines for Applications

1. **Use Only This Application Packet** – All submissions must be completed using this application packet. Do not attach additional documents (e.g., Word files, PDFs) to provide answers or expand on the questions in this form.
2. **Enter Information Directly** – Type your responses directly into the provided fields. Copying and pasting may result in text being cut off if it exceeds the visible area.
3. **Visible Text Only** – Only the text that is visible within each fillable field will be considered. If your response exceeds the field's capacity, you must shorten it to ensure all necessary information is included.
4. **Do Not Modify the PDF** – Do not alter the form's settings, including font sizes, field sizes, or any other formatting elements.
5. **Adobe Software** – This fillable form uses a .PDF software format from Adobe. Please ensure you have the correct Adobe program to fill out this form.
6. **Technical Assistance** – If you experience technical issues with the form, please contact bleonard@ndad.org for support.
7. **Content or Grant Inquiries** – For questions regarding the application content or grant details, please reach out to lstastny@ndad.org.



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(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 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 for a health, welfare, social service or educational program for at-risk populations.
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 Gibbens Memorial Grant will not fund:

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



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North Dakota Association for the Disabled, Inc.

Gibbens Memorial Grant Application

Part I: Organization Information

Name of Project:

Name of Organization:

Full Address:

Contact:

Email:

Phone:

Organization must have IRS tax-exempt ruling or have a non-profit status.

Federal Tax Identification Number: _____

Using only the visible area of the fillable field provided, please fill out all questions. Any part of your response that is not visible in the field will not be considered. Please make sure to type directly into this form.

Describe your organization and its purpose (up to approximately 1,000 characters):

Part II: The Project/Request

Amount Requested: _____

Estimated completion date of project: _____

Describe the project, including the need & who will be served (up to approximately 4,000 characters):

Describe how the project contributes to the mission of your organization (up to approximately 1,200 characters):

Describe the expected result from the project (up to approximately 1,100 characters):

How will you recognize NDAD for the grant award (up to approximately 800 characters)?:

Does this project involve collaboration with other agencies/organizations? If yes, list the names of those agencies/ organizations and attach any letters of support you may have (up to approximately 1,000 characters):

Part III: Budget

Total amount needed for project: _____

Amount secured to date: _____

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

Explanation of other costs, if applicable (up to 1,100 characters):

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

Authorized Signature _____

Title: _____ Date: _____

Applications are due by **April 30th, 2025 by 5:00 pm.**

Please return completed application form to Leslie Stastny at:

Istastny@ndad.org