



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 or who are at risk.
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 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 space provided, please fill out all fields.

Describe your organization and its purpose (up to approximately 1,456 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 5,560 characters):

Describe how the project contributes to the mission of your organization (up to approximately 1,635 characters):

Describe the expected result from the project (up to approximately 1,440 characters):

How will you recognize NDAD for the grant award (up to approximately 1,188 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 1,425 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 1,417 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 **March 31st, 2025 by 5:00 pm.**

Please return completed application form to Leslie Stastny at:

Istastny@ndad.org