



## **Gibbens Memorial Grant**

### **Application Packet**

NDAD will award 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 fledgling 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.

**Deadline for the grant application is September 29, 2023 by 5:00 pm.**



## **NDAD**

# **Gibbens Memorial 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 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.)



**NDAD**

*helping others to help themselves*

North Dakota Association for the Disabled, Inc.

## Gibbens Memorial Grant Application

### Part I: Organization Information

Name of Project:

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Name of Organization:

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Address:

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Contact:

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Email:

Phone:

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

Yes – If yes, a **copy of such ruling is REQUIRED 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 project:**

**Describe the need for the project:**

**Who will the project serve?**

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

**Describe the expected result from the project:**

**Why should NDAD support this project? How will you recognize NDAD for the grant award?**

### **Part III: Budget**

Total amount needed for project: \_\_\_\_\_

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

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

**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.**

<b>Project Costs</b>	<b>Total</b>	<b>Funds Committed to the Project</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 \_\_\_\_\_

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

Applications are due by **September 29, 2023 by 5:00 pm.**

Please return completed application form to Leslie Stastny at  
 NDAD, 2660 South Columbia Road, Grand Forks, ND 58201  
 or **Istastny@ndad.org**