



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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Full Address:

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Contact:

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Email:

Phone:

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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: \_\_\_\_\_

(must be completed within 1 year of funds being issued)

**Describe the project: including the need, who will be served, the expected results and exactly how the grant funds will be used (up to approximately 4,000 characters):**

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

**How will you recognize NDAD for the grant award (up to approximately 1200 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: \_\_\_\_\_

\*Grant funds cannot be used for administrative costs\*

Expense Category	Total Project Cost	Funds Already Committed to the Project	Grant Funds Requested
<b>Administrative</b> (Includes salaries, benefits, other personnel expenses)	\$	\$	\$ <b>*N/A*</b>
<b>Operational</b> (Supplies, equipment, daily expense items)	\$	\$	\$
<b>Promotional</b> (Fundraising, advertising, marketing expenses)	\$	\$	\$
<b>Other Costs</b> (Please explain below)	\$	\$	\$
<b>TOTALS</b>	\$	\$	\$

Explanation of Other Costs, if applicable (up to approximately 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 **September 30th, 2025 by 5:00 pm.**

Please return completed application form to Leslie Stastny at:

**lstastny@ndad.org**