

# NORTH DAKOTA SCHOOL FOR THE BLIND FOUNDATION

## Grant Application 2019-2020

### FREQUENTLY ASKED QUESTIONS

**What is new in the 2019-2020 application?** Besides a new look, we are accepting Best Buy orders again. Also, we are asking applicants to do their best to limit the number of vendors to one (1). We appreciate and understand applicants shopping around to save the Foundation money, but it takes considerably more time when ordering and tracking items. We reserve the right to use our own discretion to switch vendors when ordering if more than one vendor is listed. Thank you for understanding!

**About NDSBF.** The grant program is designed to help meet the educational and Expanded Core Curriculum needs of children and adults with visual impairments.

**What is the best way to fill out the application?** You may choose what works best for you. Write on the paper copy, type within the document, or complete it online at <https://www.ndschoolfortheblindfoundation.com/online-grant-application.html>. The application is also downloadable from this site. If you are using a screen reader, the online application may be the most accessible.

**What is the best way to submit an application?** You may choose what works best for you: mail the paper copy to Proposal Screening Committee, North Dakota School for the Blind Foundation, 500 Stanford Road, Grand Forks ND 58203, email an electronic copy to [ndsbfoundation@gmail.com](mailto:ndsbfoundation@gmail.com) or submit the application online through our website.

**Who can request grant funds?** Anyone who works with eligible children/adults, or the applicant themselves.

**Who is eligible to receive grants?** Eligible recipients are residents of North Dakota who have a visual impairment according to state guidelines. Applicant is eligible if at least one of the following is true:

- Central visual acuity is 20/70 or less in the better eye after correction
- Visual field is reduced to 20 degrees or less in the better eye
- Ocular pathologies are permanent and irremediable
- Diagnosis of a brain-based visual impairment such as Cortical Visual Impairment (CVI)

**What types of request may be funded?** Requests that help pay for equipment needs, personal needs, camps, daily living skills training, orientation and mobility training, specific skills training, adaptive recreational/leisure equipment, technology, or other special needs. Post-secondary grants will be awarded to help pay for costs that are directly related to educational needs or to assist in career exploration.

**What types of requests will not be funded?** Items required by the student's Individual Education Program (since these are the responsibility of the school district), items required by other agencies, training for service providers working with students, and potentially, applications that are not completed correctly.

**How much money is awarded per applicant?** Awards ranging from \$25 to \$500 will be awarded. Educational needs and requests that provide matching funds will receive priority.

**If a grant request is funded, what's next?** No money will be awarded directly to grant recipients. Awards will be in the form of payments made directly to the supplier of equipment, the camp, or the educational firm. Equipment received through these grants will become the property of, and will remain the property of, the grant recipient.

**Can I just include a link to my wish list or cart instead?** Not at this time. We prefer you include an itemized list on our form. Include as much detail as possible. Copying and pasting from the website is acceptable.

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<b>Applicant's Last Name</b>	
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### I. REQUESTER OF GRANT FUNDS

Are you completing this grant request for yourself?

- YES (Skip to Section II)
- NO

**Name of Person Completing the Grant Request**

<b>First Name</b>	
<b>Last Name</b>	
<b>Email</b>	
<b>Address</b>	
<b>City/State/Zip</b>	

**Your Relationship to the Individual**

- Teacher
- Parent
- Therapist
- Other. Specify:

### II. INFORMATION ON GRANT RECIPIENT

*The address listed below will be used as the shipping address for the grant recipient*

<b>First Name</b>	<b>Last Name</b>
<b>Email</b>	<b>Grade</b>
<b>Age</b>	<b>School/Educational Placement</b>
<b>Address</b>	
<b>City/State/Zip</b>	

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**III. CERTIFICATION OF VISUAL IMPAIRMENT**

This must be filled out and signed by applicant's optometrist, ophthalmologist, or teacher of the visually impaired. **Failure to complete this section will disqualify the student from receiving a grant.**

**Please describe the individual's visual impairment and the extent to which it affects his/her functioning**

**I certify that I am the applicant's (it MUST be one of the three options listed below)**

- Optometrist
- Ophthalmologist
- Teacher of the Visually Impaired or Vision Impaired Service Provider

<b>PRINTED or TYPED NAME</b>	<b>MANUAL or ELECTRONIC SIGNATURE</b>

**By checking the "I Accept" you are signing this documentation electronically. You agree that your electronic signature is the equivalent of your manual signature and the information provided is true to the best of your knowledge.**

**I ACCEPT**

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**IV. GENERAL DESCRIPTION OF REQUEST**

- If multiple items are being requested, prioritize and number accordingly. When applicable, separate each vendor. Be sure to include quantity, item number, item description, cost of items and total amount requested from each vendor including taxes and shipping.
- If you are requesting more than one item please prioritize.
- If you are completing a catalog order be sure to attach a completed current catalog order form.

Vendor	Item(s) Requested	Price
<b>Total Amount Requested (including tax and shipping costs)</b>		

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**V. DETAILED DESCRIPTION OF REQUEST**

**A.** Describe the applicants need for what is being requested. How does it address the applicant's educational needs?

**B.** How frequently, to what extent, and for how long will the applicant benefit from this?

**C.** What other sources of funding have been investigated?

**VI. PERMISSION FOR PUBLICATION**

I give ND School for the Blind Foundation permission to publish my/my child's award. I understand that the publication may include personally identifiable information such as name, grade level, age, and name of school, and description of award. Please sign below only if you accept. You will not be penalized for declining.

<b>PRINTED or TYPED NAME</b>	<b>MANUAL or ELECTRONIC SIGNATURE</b>

**By checking the "I Accept" you are signing this documentation electronically. You agree that your electronic signature is the equivalent of your manual signature.**

**I ACCEPT**

**I DECLINE**

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*Deadline for submitting proposals is February 1, 2020. Awards will be announced approximately March 30, 2020.*

**Please review your application to be sure that you have completed the steps listed below. This page is for your own record and does not need to be submitted with the rest of the application.**

- You are using the most current grant application form dated in header as 2019-2020.
- All sections are filled out correctly and completely.
- You have included the applicant's last name in the box at the top of pages 2 through 5.
- You have done your best to limit the number of vendors to one (1) for the grant committee.
- You have used current websites and/or order forms.
- You have not included a link to a wish list or a cart.
- Orders include the cost of items including tax and shipping
- Section III includes a full detailed description and is signed by an eye care professional or vision consultant/teacher.
- Section VI (Permission for Publication) has been signed or declined by parent or guardian

**Mail Applications To:**  
Proposal Screening Committee  
North Dakota School for the Blind Foundation  
500 Stanford Road  
Grand Forks, ND 58203

**Email Applications To:**  
[ndsbfoundation@gmail.com](mailto:ndsbfoundation@gmail.com)

**Complete and Submit the Online Applications at:**  
<https://www.ndschoolfortheblindfoundation.com/online-grant-application.html>