**10/31/17 Request for Proposals**

The North Dakota School for the Blind Foundation announces a grant program, designed to help meet the educational needs of students and adults with visual impairments. Ten or more grants, each one ranging from $25 up to $500, will be awarded to Infant through Grade 12 students. Two or more grants, each ranging from $25 up to $500.00 will be awarded to adults with visual impairments.

Infant through Grade 12 grants will be awarded to 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. Educational needs will receive priority, as will requests that provide matching funds.

Post-secondary grants will be awarded to help pay for costs that are directly related to educational needs or to assist in career exploration.

Types of requests that will **not be funded** include, 1) items required by the student's Individual Education Program (since these are the responsibility of the school district) or items required by other agencies 2) training for individuals working with students.

Eligible recipients are residents of North Dakota who have a visual impairment. (Criteria are 20/70 vision corrected, or a restricted field of vision.) 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 person with the visual impairment.

Parents, teachers, vision consultants, principals of students with visual impairments, and adults who are visually impaired are encouraged to submit proposals. Please use the attached two-page application form. **Deadline for submitting proposals is January 26, 2018. Awards will be announced approximately March 30, 2018.**

Mail inquiries and proposals to:

 **Proposal Screening Committee**

 **North Dakota School for the Blind Foundation**

 **500 Stanford Road**

 **Grand Forks, ND 58203**

***The North Dakota School for the Blind Foundation is a non-profit organization funded entirely by donations. The Foundation supports and works closely with North Dakota Vision Services/ School for the Blind, but it is a separate and distinct organization.***

 Applicant’s Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10/31/17 Grant Application Form**

 North Dakota School for the Blind Foundation

 500 Stanford Road

 Grand Forks, ND 58203

**Please type or print. If sections I,II,III and IV are not complied with and filled out completely, the application form may not be considered.**

**I. APPLICANT INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_

School and grade/level or Educational Program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person writing grant request

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to student (teacher, parent, self, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address/PO Box\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State \_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_

Email address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. GENERAL DESCRIPTION OF REQUEST**

A. Give a brief description of the items/tuition being requested. **If you are requesting more than one item please prioritize.**

**Total dollar amount requested: \_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\*IMPORTANT\*\*\*\***

B. For items requested, **attach a completed Current Catalog order form**. Make sure prices, product numbers, and addresses are accurate and complete, as this will be used to order and pay for the items requested if you are awarded a grant. The "Ship To" address on the order form should be the student's home address. Most companies will not ship to PO addresses so make sure you have an alternative address.

**\*\*\*\*We cannot process Internet orders. \*\*\* If you find something on the Internet please request a catalog so you have an order form to fill out.**

**\*\*\*\*Remember it is your responsibility to fill out order form with correct/current information. \*\*\*\***

**\*\*\*\*NOTE: We will no longer accept items requested from Best Buy\*\*\*\***

**III. 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?

 Applicant’s Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. What other sources of funding have been investigated?

D. Acceptance of a grant from NDSB Foundation constitutes permission to include the recipient's name in press releases announcing grant awards.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent or guardian, or individual if over 18

**IV. \*\*\*\*\*\*\* CERTIFICATION OF VISUAL IMPAIRMENT\*\*\*\*\*\*\*\*\***

To be filled out and signed by **applicant's Optometrist, Ophthalmologist, or school Vision Consultant**. Please describe the person’s visual impairment and the extent to which it affects his/her functioning. **Failure to complete this section may jeopardize the student's chances of receiving a grant**.

Describe visual impairment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name and title

**To all Grant applicants please read and make sure that you have completed the steps listed below. If you have not completed the application correctly it may not be presented to the committee for approval.**

**\*\*\*IMPORTANT\*\*\***

**Upon completion of this grant application make sure:**

* **Did you fill out current grant application form, should be dated *10/31/17* revised**
* **All sections are filled out correctly and completely answering all questions.**
* **Use current catalogs and order forms**
* **Did you fill out catalog order form with correct address and cost of items plus shipping**
* **Under Section III, letter D signed by parent or guardian**
* **Under Section IV full detail description and signed by Eye doctor or Vision Consultant/teacher**
* **Mailed to address on first page of application by deadline stated…note change in address.**
* **NOTE: WE WILL NO LONGER ACCEPT ITEMS REQUESTED FROM BEST BUY.**
* **You may find an online grant application at: ndschoolfortheblindfoundation.com**

**If you have any questions or concerns about this application please email me at:**

**drktork@aol.com**