

## Attachment A – Grant Application

### Youth Social Supports & Community Integration Grant

HHS is offering grants to qualifying agencies to facilitate community integration for youth ages 12-21, who are eligible for HCBS or program/case management. The purpose of the grant(s) is to provide meaningful and age-appropriate activities in the community for youth that require care and supervision while their primary caregiver works, seeks employment, pursues education, or volunteers.

#### **HHS is seeking proposals from:**

HHS is seeking proposals from existing licensed DD providers or Autism Medicaid providers who are in good standing and interested in expanding their service delivery options.

#### **Payment Structure:**

Providers that are awarded a grant will be paid a per day stipend of \$75 per eligible youth, with a maximum of 60 days per youth. Census data will be required monthly to determine stipend amount. Agencies can provide services to youth who do not meet the eligibility requirements; however, reimbursement is only available to those eligible.

Agencies may use up to \$15,000 of the \$150,000 for program support costs. Examples of program support costs include: rent, modification of space, equipment, transportation or passes for activities (zoo, water park, pools, movies). To request program support costs, a minimum of five youth must be enrolled in the pilot throughout the grant period.

Refer to the Youth Social Supports & Community Integration Grant General Overview for instructions on completing this application.

## ABOUT THE ORGANIZATION

**Applicant Name** (name of agency):

**Primary Contact Name:**

**Mailing Address:**

**Email Address:**

**Phone:**

**Phone (alt):**

## ABOUT GRANT PROJECT

**Project Title:**

**Amount of Grant Request: \$**  
(Maximum \$150,000)

**Provide a detailed business plan that describes how you intend to deliver the service identified in the grant overview. Please include the following:**

- Overview of program
- Detailed plan of community and social activities that will be occurring during the grant period.
- Timeline of implementation.

*Please note: You can choose to include your responses as an attachment or within the space provided on the application form. If you are using a separate document to provide info, please note with "See Attached".*

## PROJECT IMPLEMENTATION

**How do you plan to ensure staff meet the necessary training requirements to deliver the service with a high level of quality?**

**Where do you plan to provide the grant program?**

<b>Anticipated number of employees for this grant program.</b>	
<b>Given your business plan, how many clients do you anticipate being able to serve?</b>	
<b>What outreach will you do to communicate this grant program to interested people?</b>	
<b>Who will be responsible for the project implementation? Briefly describe their experience/background.</b>	
<b>What types of support (e.g. technical assistance, information, resources) do you anticipate needing to carry out your project successfully?</b>	
<b>If you plan to use program support funding (no more than \$15,000) describe what that funding will be used for (<i>complete project budget in Attachment B to provide additional detail</i>).</b>	
<b>How will these grant funds help you successfully implement your project?</b>	
<b>What experiences does your organization have running this type of program?</b>	
<b>Signature:</b>	<b>Date:</b>

The application (Attachment A), budget sheet (Attachment B), and any supporting documentation, must be submitted by email to Tina Bay, DD Director, at [tbay@nd.gov](mailto:tbay@nd.gov) **by 8:00 AM CT on May 1, 2025.**