INCLUSION SUPPORT GRANT APPLICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
EARLY CHILDHOOD DIVISION
SFN 1907 (5-2017)

Clear Fields

Provider Name			License Number	
Address		City	State	ZIP Code
Telephone Number	Email Address			

Grant Amount Requested for Staffing	
Grant Amount Requested for Environment	
Total Amount Requested	

Current Child Enrollment	
Current Number of Enrolled Children with Developmental Delays or Disabilities	
Projected Number of Enrolled Children with Developmental Delays or Disabilities After Grant	

Describe how this grant will allow you to increase your capacity to care for children with developmental delays or disabilities. Attach copy of care plan(s), copy of letter(s) from service provider(s), and any other information you have describing or supporting this request.

Signature	Date

Send application and supporting documentation to:
Early Childhood Services
Department of Human Services
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250