

**Metro Area Mayor's Committee
For People with Disabilities**

P.O. Box 162
Fargo, ND 58107-0162

<---- Please use this
mailing address

Grace Tveiten Memorial Employment Grant

Purpose : It is the intent of this program to identify needs of persons with disabilities in the community related to vocational and employment goals. These goals may include efforts to obtain or maintain a job, education or training to achieve a vocational goal, adaptive equipment or devices, transportation to work, etc. It should be a specific need for a specific individual.

Grant funds will be awarded based on need and the level at which the need to obtain the vocational goal is funded by other resources.

Other resources should be applied for first before applying to this program.

We will help meet unfilled needs and assist in matching other resources.

We do not intend or plan to duplicate services or funds already existing in the community. (Voc. Rehab., DD, Job Service, etc.)

The grant fund awards will not be paid out directly to the individual.

Checks will be made payable to the designated vendor or the sponsor.

Your application can be mailed or delivered directly to a committee member.

Eligibility : Residency requirements: The individual applying must either reside, work or go to school in the city of Fargo.

Disability requirements: The individual applying must be considered disabled according to the current guidelines as described by the Americans with Disabilities Act. Usually persons served by an agency or state human services have already met these requirements.

All grant applications must have a sponsor.

Sponsors: The Sponsor works with the applicant to complete the form and to verify that the information, the stated need and the vocational goal are all accurate. The sponsor sees that the grant funds are properly used for the stated goal. An agency, service provider, staff person or outside person can be a sponsor.

Re-applications : You can re-apply for grant funds with the same need or a new one until it is approved or you choose not to re-apply to this program. It will be up to you and/or your sponsor to re-apply for grant funds. The same request can be submitted using the attached "update sheet". Those who receive grant funds cannot be eligible for additional or new funds for 1 calendar year after receiving the funds.

Follow-up: We will check on progress towards your goal after 6 months and 1 year.

**Grace Tveiten Memorial Employment Grant
Application Form**

Name: _____ **Date:** _____

Address: _____

Telephone: _____

Sponsor: -Name: _____

-Address: _____

-Telephone: _____

What other resources have you accessed ?

(such as vocational rehabilitation, social services, Pass Plan, Job Service, etc.)

Are you currently employed ? _____

If yes, Where ? _____

Please give your job title and a brief job description :

What is your vocational goal ?

What dollar amount will help you reach your goal ? \$ _____

Please list any other and/or matching funds : \$ _____

Have you applied to us before ? _____

continued ---->

