



Metro Area Mayors Committee for People with Disabilities

Serving Dilworth, Fargo, Moorhead and West Fargo

Grace Tveiten Memorial Employment Grant

MISSION

The mission of the Metro Area Mayors Committee for People with Disabilities is to advocate for full acceptance of people with disabilities by striving to eliminate environmental, attitudinal and employment barriers.

HISTORY

Established in November 1995, the Fargo Mayor's Employment Grant Program was renamed the Grace Tveiten Memorial Employment Grant in 1997 in memory of Grace Tveiten, civic advocate for people with disabilities and long-time member of the Mayors Committee.

PURPOSE

The purpose of the Grace Tveiten Memorial Employment Grant is to assist people with disabilities to reach vocational and employment goals. The funds can assist with education or training, adaptive equipment or devices, work clothing, transportation or other specific needs for obtaining or maintaining employment.

ELIGIBILITY REQUIREMENTS

Grant applicants must

- reside, work or attend school in Fargo ND or Moorhead MN.
- qualify as a person with a disability according to the Americans with Disabilities Act. Generally, persons served by an agency or state human services meet these requirements.
- complete the grant application form.

SPONSOR RESPONSIBILITIES

Sponsor assists in the application process, verifies applicant eligibility and grant information, and ensures that the needs and goals are accurate and true.

DEADLINE

Application deadline is ongoing. Applicants are limited to one grant award per calendar year. Denied applications can be revised and resubmitted at any time.

APPLICATION SUBMISSION

Submit completed and signed application form and supporting documents such as letters of support, references, resumé, bids, estimates, etc. via USPS or email. Incomplete or unsigned applications cause delays and may be denied.

Any additions or corrections to the original grant application must be received in writing and are considered a re-application subject to the original timeline for action.

NOTIFICATION

Sponsor is notified of decision within 30 days of confirmation of grant application receipt. Please follow-up if confirmation is not received within seven days of filing the application.

Grants are awarded based on need and available funds. Checks are sent to the sponsor for distribution.

FOLLOW-UP

Applicant and/or sponsor must acknowledge receipt of funds, how and when spent and provide written report on how the funds contributed to the goal within six months of receiving grant award. Committee reserves the right to follow-up on progress and request repayment of inappropriately used funds.

Send application to

**Metro Area Mayors Committee
for People with Disabilities**

PO Box 162

Fargo ND 58107-0162

metroareamayorscommittee@gmail.com

**Grace Tveiten Memorial Employment Grant
APPLICATION FORM**

Please print clearly.

SPONSOR NAME _____

Agency _____

Address _____

City, State, Zip _____

Phone _____ Email _____

APPLICANT NAME _____

Address _____

City, State, Zip _____

Phone _____ Email _____

First time applicant Re-application

I have previously received a GTMEG award in the amount of \$ _____

It was used for _____

Are you employed and/or in school? Yes No

If yes, where? _____

What is your job title and description? _____

What is your vocational goal? _____

How will the grant be used to assist you in reaching your vocational goal?

What other resources have you accessed to help with your employment goals, such as vocational rehabilitation, social services, job service, etc.?

What dollar amount are you requesting to help reach your goal? \$ _____

List matching funds, if available. \$ _____

Please prioritized list of requested items with costs. Attach two bids for each item over \$100.00.

Item	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total \$ _____

My signature below gives consent to the Metro Area Mayors Committee for People with Disabilities to verify information provided in this application and supporting documents. I attest that the information is true and accurate to the best of my knowledge.

Applicant signature _____ Date _____

Sponsor signature _____ Date _____