



POSSIBILITIES GRANT APPLICATION

Applications will be reviewed six times per year

February 1st - April 1st - June 1st -

August 1st - October 1st - December 1st

Incomplete applications will not be considered.

Questions? Please call: 1.800.895.4728

GRANT APPLICATION CHECKLIST

Make certain to complete the grant application in its entirety. Every section must be completed. Applications that are incomplete or missing required supporting documents will **NOT** be accepted. Before submitting the application, use the following checklist:

Background Information (Pg. 7)

- Provide a good description and detail of your medical condition or disability.
- Be specific. Your answer helps the review committee understand the need for assistive technology.

Grant Request (Pg. 9)

- **NOTE:** Possibilities Grant dollars cannot be used to pay for devices or services purchased prior to approval of your application.
- Be as specific as possible on the device(s) and/or services being requested.

GRANT APPLICATION FORM

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CONTACT INFORMATION

Applicant

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Mailing Address (if different): _____

County: _____ Date of Birth: _____

Phone: Home (____) _____

Work (____) _____

E-mail address: _____

Living Arrangement (Own home, nursing facility, other-specify): _____

Required Documentation

Attach your most recent federal tax return form: 1040, 1040A, or 1040EZ – no supporting Forms or Schedules are necessary. **If you do not file taxes, a copy of Social Security Benefits Letter or your annual income is required.**

Your application is not complete without this information.

****Your return will be compared to the table below for eligibility****

Applicant Income Guidelines for January 1, 2020 to December 31, 2020	
<u># of Persons in Household*</u>	<u>estimated median income</u>
1	\$51,040
2	\$68,960
3	\$86,880
4	\$104,800
5	\$122,720
6	\$140,640

Do you file Federal income taxes? Yes_____ No_____

If **YES**, you must provide a copy of last year's Federal IRS 1040 tax form(s) filed by you and members of your family/household.

If **NO**, to confirm your income eligibility, please mail or fax documentation that proves one of the following:

Evidence of your total family/household income, such as recent Social Security Administration retirement benefit statement(s) or other pension benefit statement(s).

For the purpose of determining eligibility for the Possibilities Grant program, ND Assistive defines “income” and “household” as follows:

“Income” is all income actually received by all members of a household. This includes salary before deductions for taxes, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, lottery winnings, and the like. The only exceptions are student financial aid, military housing and cost-of-living allowances, irregular income from occasional small jobs such as baby-sitting or lawn mowing, and the like.

A “household” is any individual or group of individuals who are living together at the same address as one economic unit. A household may include related and unrelated persons. An “economic unit” consists of all adult individuals contributing to and sharing in the income and expenses of a household. An adult is any person eighteen years or older. If an adult has no or minimal income, and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents or guardians.

Responsibilities and Consent Signature(s)

I agree to provide ND Assistive with my story and pictures of myself using the device(s) purchased with Possibilities Grant award funds. **INITIALS:** _____

My signature below gives ND Assistive permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, stories, and the like, taken or made on behalf of my involvement with ND Assistive activities. **INITIALS:** _____

The information I have provided on this application is true and complete to the best of my knowledge. If under 18 years old or under guardianship, **both** applicant and parent/guardian must sign. **INITIALS:** _____

I understand incomplete applications will not be considered. **INITIALS:** _____

(Applicant Signature)

(Date)

(Parent/Guardian Signature, if applicable) (Date)

**Your completed application may be sent
to one of the following:**

**Mail:
ND Assistive
Possibilities Grant
3240 15th Street South, Suite B
Fargo, ND 58104**

**Fax:
701.365.6242**

**Email:
pposey@ndassistive.org**

Questions? Please call: 1.800.895.4728