



KINDERGARTEN TRANSITION PROGRAM GRANT APPLICATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

EARLY CHILDHOOD SERVICES

SFN 1932 (12-2024)

Name of School District	
Contact Name	Phone Number

Demographics

Description of the district/community to include a summary of the demographics and data relevant to the target audience.

Need and Potential

Describe your current processes or programming to support children as they transition into kindergarten, how the grant will be utilized to enhance this, and/or why it is needed in your district.

Briefly address the potential in which you see how the key *components and conditions for success* can be incorporated in your plan.

Sustainability

Description of the district's possibilities for sustaining the kindergarten transition program after the grant is utilized.

Funds

Description of how the funds will be utilized. Provide budget breakout, not to exceed \$10,000, outlining how funds will be utilized for planning and implementation of your kindergarten transition program.

Letter of support: A minimum of one letter of support from community partners should be included.

*Note: If further space is needed to answer questions, please attach a word document with additional information.

Grant deadline: **January 21, 2025, 3:00 p.m. CST**

Submit grants to dhsec@nd.gov with the subject line: Kindergarten Transition Program Grant