Community Development Advisory Committee

MEETING
August 26, 2026

David Blackstead Conference Room	**City-County Office Building**	**1:00 PM**

The City of Bismarck encourages citizens to provide their comments via email to planning@bismarcknd.gov. The comments will be sent to the Community Development Advisory Committee prior to the meeting and included in the minutes of the meeting. To ensure that comments are compiled and forwarded to the Community Development Advisory Committee with enough time to review all comments, please submit your comments no later than 8:00 am the day of the meeting. Comments should also include which agenda item number or topic your comment references and your name (anonymous comments will not be forwarded to the Community Development Advisory Committee or included in the minutes of the meeting).
If you would like to appear via video or audio link for a 3–5 minute comment on a public hearing item, please provide your e-mail address and contact information to planning@bismarcknd.gov at least one business day before the meeting.
A recorded version of the meeting will be made available on the City of Bismarck's website here.
The City of Bismarck does not discriminate in admission or access to its programs, activities, or services. To request accommodations for disabilities and/or language assistance, please contact the Title VI/ADA Coordinator at 701-355-1330.
Agenda subject to change prior to meeting.

AGENDA

A. Approval of Meeting Minutes

B. Public Comment

C. Regular Agenda

D. Other Business

ADJOURN

The next regular meeting date is scheduled for January 27, 2027, at 1:00 p.m. in the David Blackstead Conference Room, City-County Office Building.

COMMUNITY DEVELOPMENT ADVISORY COMMITTEE

MEETING MINUTES

July 22, 2026

The Bismarck Community Development Advisory Committee (CDAC) met on Wednesday, July 22, 2026, at 1:00 p.m. in the David Blackstead Meeting Room in the City-County Office Building, 221 North 5th Street. The meeting was held in person and via Teams. The meeting was recorded on Teams. Chair Herzog presiding.

Committee members present were Tricia Brown, Lane Hoffer, Joel Kostelecky, Holly Triska-Dally (Teams), Karen Wolfer, Daniel Nairn, Thomasine Iron, Kim Ohnell, Renae Moch (Teams), and Chair Kate Herzog. Committee members Eric Lund, Doug Wiles, and Joan Trygg were absent.

Staff members present were Darcy Vaughan – Office Assistant, Hilary Balzum – Planner.

MINUTES

Chair Herzog called for consideration of the minutes of the April 22, 2026 meeting of the CDAC.

MOTION: A motion was made by Joel Kostelecky and seconded by Karen Wolfer to approve the minutes of the April 22, 2026 meeting of CDAC. The motion passed unanimously by voice vote with members Brown, Hoffer, Iron, Triska-Dally, Wolfer, Nairn, Ohnell, Moch, Kostelecky, and Chair Herzog voting in favor.

PUBLIC COMMENT

Chair Herzog opened the public comment period. No public comments were made or submitted for the current agenda or prior April 22, 2026 meeting. Chair Herzog closed the public comment period.

PILOT TRANSIT VOUCHER PROGRAM

Hilary Balzum provided an overview of the pilot transit voucher program. Diedre Hughes, Director of Bismarck Transit, was present via Teams to answer questions from the CDAC members.

The Bismarck Board of City Commissioners, at their June 9, 2026, meeting, considered a proposal from the Bis-Man Transit Board for a pilot public transit voucher program. $5,000 of sales tax funding dedicated to public transportation would be used by the City of Bismarck to purchase fixed-route bus passes, which would then be allocated to agencies through an application process. While Bis-Man Transit would facilitate the distribution of the passes, to avoid a conflict of interest it was suggested the CDAC be appointed to select the successful applicants.

Lane Hoffer recommended that agencies approved for the program submit a quarterly report to CDAC as part of the requirement of receiving funds.

The application deadline is August 21, 2026 and CDAC will meet on August 26, 2026 to review the applications to recommend to Bismarck City Commission for approval.

MOTION: A motion was made by Holly Triska-Dally and seconded by Thomasine Iron to accept the appointment of CDAC to review and appoint selected applications for the public pilot transit voucher program. The motion passed unanimously by voice vote with members Brown, Kostelecky, Iron, Triska-Dally, Wolfer, Nairn, Ohnell, Moch, Hoffer, and Chair Herzog voting in favor.

OTHER BUSINESS

Chair Herzog called for other business and there was none.

ADJOURNMENT

There being no further business, Chair Herzog declared the meeting of the Community Development Advisory Committee adjourned at 1:33 p.m. to meet again on August 26, 2026 at 1:00 p.m. in the David Blackstead Meeting Room.

Respectfully submitted,

_____
Darcy Vaughan
Recording Secretary

_____
Kate Herzog
Chair

City of Bismarck Bus Voucher Application

The purpose of this program is to offer free one-ride or one-day passes on the Capital Area Transit (CAT) buses to meet the needs of persons with a disability, elderly, and/or socio-economically challenged residents. Applications from service providers will be collected and reviewed by the City's Community Development Advisory Committee (CDAC) for selection to receive vouchers. If selected, recipients will submit voucher requests monthly to Bis-Man Transit and will be responsible for tracking and reporting on vouchers distributed. The program has been funded for one year, unless extended by City Commission.

Review Criteria:

- Demonstrated service to persons with a disability, elderly, and/or socio-economically challenged residents.
- Operational capacity to support distribution and documentation of vouchers.
- Geographic focus on meeting needs of Bismarck residents (trips will not be restricted to Bismarck).
- Past performance in operation of transit vouchers (if repeated annually).

Applicant Information

Organization Legal Name:	Better Together ND
Employer Identification Number (EIN):	88-1740943
Organization Address:	2306 E. Broadway Ave. Bismarck, ND 58501

Authorized Representative		**Program Contact** (Leave blank if same)
Name:	Lindsey Cathcart	
Title:	Supervisor	
Email Address:	lindsey@bettertogethernd.com	
Phone:	701-922-0916	

Type of Organization (Check all that apply)

☐ Hold current 501(c)(3) Tax Status
■ Community Service Organization
☐ Faith-based Organization
☐ Public Social Service Agency
☐ Government Agency
■ For-Profit Business
☐ Other (specify): _____

Population Served: (Check all that apply)

■ Socio-economically challenged residents
■ People with disabilities
■ Elderly
☐ Other (specify): _____

Application Questions

1) Describe the mission of your organization and any specific services targeting low-income people, people with disabilities, and/or the elderly.

At Better Together ND, we are dedicated to empowering individuals by providing compassionate support, essential services, and meaningful connections. Through collaboration with healthcare providers, housing initiatives, and community programs, we help individuals achieve stability, independence, and well-being.

2) Describe the current transportation needs of your clients, what transportation services your organization currently provides, and any funding that supports it.

Many of our clients are transitioning from incarceration and working towards employment and housing needs. Many clients are in need to transportation services until they are employed and can afford transportation on their own. While there is some funding for bus passes for a month, sometimes it takes longer to obtain employment if a client is also attending treatment. Transportation to and from treatment, interviews and other mental health services are a barrier for many of the

3) If your agency is approved, please identify how the awarded passes will be utilized to address existing gaps in available transportation needs for your clients within your own organization.

If approved the passes will be utilized for individuals that are working to better themselves while attending treatment or employment opportunities.

4) Passes cost between $1.50 (75¢ reduced) and $6.00 each. Please describe how your agency will safeguard against theft, loss, and misuse of passes.

Passes will be used only for clients that are actively engaging with their care coordinator/peer support. This will ensure the clients are working on their goals with the use of the bus passes. Coordinators will discuss the use of the bus pass with each client and set clear expectations.

5) Describe the methodology for distributing passes as well as ensuring all recipients meet the program eligibility requirements.

Care Coordinators will staff the client's need for the bus pass with the supervisor to ensure the client will actively use the pass to get to treatment, interviews or work. Coordinators will check in with clients weekly to check on the status of their goals and usage of the bus pass.

Certification

By signing this application, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. If approved, all distributed passes must be tracked in the provided "Pass Tracker" spreadsheet. Failure to provide complete and accurate tracking of pass usage will result in termination of the agency's eligibility for the program.

Lindsey Cathcart
Signature of Authorized Representative

7/30/26
Date

Lindsey Cathcart
Printed Name

Supervisor
Title

Please send completed applications to planning@bismarcknd.gov prior to the deadline of **August 21, 2026** for consideration in this program.

The City of Bismarck reserves the right to terminate agency eligibility at any time.

City of Bismarck Bus Voucher Application

The purpose of this program is to offer free one-ride or one-day passes on the Capital Area Transit (CAT) buses to meet the needs of persons with a disability, elderly, and/or socio-economically challenged residents. Applications from service providers will be collected and reviewed by the City's Community Development Advisory Committee (CDAC) for selection to receive vouchers. If selected, recipients will submit voucher requests monthly to Bis-Man Transit and will be responsible for tracking and reporting on vouchers distributed. The program has been funded for one year, unless extended by City Commission.

Review Criteria:

- Demonstrated service to persons with a disability, elderly, and/or socio-economically challenged residents.
- Operational capacity to support distribution and documentation of vouchers.
- Geographic focus on meeting needs of Bismarck residents (trips will not be restricted to Bismarck).
- Past performance in operation of transit vouchers (if repeated annually).

Applicant Information

Organization Legal Name:	Bismarck-Burleigh Public Health
Employer Identification Number (EIN):	456002036
Organization Address:	407 S 26th St Bismarck, ND 58504

Authorized Representative		**Program Contact** (Leave blank if same)
Name:	Renae Moch	
Title:	Public Health Director	
Email Address:	rmoch@bismarcknd.gov	
Phone:	701-355-1540	

Type of Organization (Check all that apply)

☐ Hold current 501(c)(3) Tax Status
☐ Community Service Organization
☐ Faith-based Organization
☐ Public Social Service Agency
■ Government Agency
☐ For-Profit Business
☐ Other (specify): _____

Population Served: (Check all that apply)

■ Socio-economically challenged residents
■ People with disabilities
■ Elderly
☐ Other (specify): _____

Application Questions

1) Describe the mission of your organization and any specific services targeting low-income people, people with disabilities, and/or the elderly.

Bismarck-Burleigh Public Health is dedicated to improving the health and safety of the community by providing public health services, promoting healthy behaviors, preventing disease and injury, and connecting residents with needed healthcare and community resources. BBPH serves residents across the lifespan, including individuals with limited income, older adults, people with disabilities, individuals experiencing homelessness or housing instability, and residents who face barriers to accessing healthcare and basic necessities. Services include public health nursing, immunizations, maternal and child health services, home health services, nutrition and health-promotion programs, environmental health services, emergency preparedness, behavioral health and community-service coordination, and referrals to healthcare and social-service providers. BBPH also operates a Wellness Pantry that provides healthy food and basic necessities to clients experiencing food insecurity. Staff regularly assist clients in navigating healthcare and community resources and identifying services that may help address barriers related to transportation, housing, food access, healthcare, and other social determinants of health.

2) Describe the current transportation needs of your clients, what transportation services your organization currently provides, and any funding that supports it.

Transportation is a recurring barrier for BBPH clients, particularly for individuals with limited income, older adults, people with disabilities, individuals experiencing homelessness or housing instability, and residents who do not own or have reliable access to a vehicle. Transportation limitations may prevent clients from attending healthcare and public health appointments, obtaining prescriptions, accessing food and other basic necessities, participating in BBPH programs, or connecting with community-based services. Staff assist clients by identifying available transportation resources, coordinating referrals, and helping them navigate community services when possible. However, available transportation options may be limited by cost, service schedules, eligibility restrictions, advance-scheduling requirements, or lack of immediate availability. BBPH does not currently have a general funding source that can be used to provide transportation assistance to all clients. Limited transportation assistance may be available through specific health-service programs, but only for clients who meet the eligibility requirements of those programs. Clients who do not qualify for a program-specific funding source generally cannot receive transportation assistance through BBPH. Bus vouchers would help address this gap by assisting eligible Bismarck residents with transportation to BBPH appointments, healthcare services, BBPH food distribution services, pharmacies, and other services that support their health and well-being.

3) If your agency is approved, please identify how the awarded passes will be utilized to address existing gaps in available transportation needs for your clients within your own organization.

BBPH would use the awarded bus passes to assist eligible Bismarck residents who lack reliable transportation and do not have access to another transportation funding source. Priority would be given to transportation that directly supports access to healthcare, public health services, food, medications, and other essential health-related needs. Passes may be provided for transportation to: Appointments and services at BBPH. Medical, dental, behavioral health, or pharmacy services. BBPH food distribution services. Referrals to community-based health and social-service providers. Other essential services that address an identified health or safety need. One-ride passes would be used when a client has a specific, clearly defined transportation need. One-day passes may be used when a client must complete multiple related appointments or service connections during the same day. This program would provide BBPH with a flexible resource for clients who currently fall outside the eligibility requirements of other program specific transportation programs.

4) Passes cost between $1.50 (75¢ reduced) and $6.00 each. Please describe how your agency will safeguard against theft, loss, and misuse of passes.

Bus passes will be maintained in a secure, locked location accessible only to designated BBPH staff. A limited number of authorized staff members will be permitted to distribute passes. BBPH will maintain a voucher-distribution log documenting, at minimum: Date issued. Type and number of passes issued. Client identifier. Confirmation of Bismarck residency and program eligibility. General purpose of the transportation. Name or initials of the staff member issuing the pass. Passes will not be exchanged for cash, distributed in bulk without a documented need, or provided to individuals who do not meet the eligibility requirements. Voucher inventory will be reconciled regularly against the distribution log. Monthly requests will be based on anticipated client need and existing inventory to avoid maintaining an unnecessarily large supply of passes.

5) Describe the methodology for distributing passes as well as ensuring all recipients meet the program eligibility requirements.

Passes will be distributed by designated BBPH staff to individuals receiving BBPH services. Before issuing a pass, staff will complete a brief eligibility and transportation-needs assessment. Recipients must: Be a Bismarck resident. Be a person with a disability, an older adult, or a resident experiencing socioeconomic hardship. Have an identified transportation need related to healthcare, food access, public health services, or another essential service. Lack reliable personal transportation or another reasonably available transportation resource. Not have access to another program or funding source that can appropriately meet the identified transportation need. Eligibility and voucher distribution will be documented in a tracking log. Staff will determine whether a one-ride or one-day pass is most appropriate based on the client's identified need. Passes will generally be issued when the transportation need is identified and will be limited to the number necessary to address that need. BBPH will periodically review distribution records to monitor utilization, identify repeated requests, prevent duplication, and ensure passes are distributed consistently with program requirements. BBPH will also maintain the required documentation and submit utilization reports to Bis-Man Transit in accordance with program expectations.

Certification

By signing this application, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. If approved, all distributed passes must be tracked in the provided "Pass Tracker" spreadsheet. Failure to provide complete and accurate tracking of pass usage will result in termination of the agency's eligibility for the program.

Renae Moch

Signature of Authorized Representative

7/23/2026

Date

Renae Moch

Printed Name

Public Health Director

Title

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City of Bismarck Bus Voucher Application

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Review Criteria:

- Demonstrated service to persons with a disability, elderly, and/or socio-economically challenged residents.
- Operational capacity to support distribution and documentation of vouchers.
- Geographic focus on meeting needs of Bismarck residents (trips will not be restricted to Bismarck).
- Past performance in operation of transit vouchers (if repeated annually).

Applicant Information

Organization Legal Name:	Burleigh County Housing Authority
Employer Identification Number (EIN):	450318953
Organization Address:	410 S 2nd St., Bismarck ND 58504

Authorized Representative		**Program Contact** (Leave blank if same)
Name:	Sheryl Bohl	
Title:	Senior Property Manager	
Email Address:	sheryl@bchabis.com	
Phone:	701-255-2540	

Type of Organization (Check all that apply)

- ■ Hold current 501(c)(3) Tax Status
- ■ Community Service Organization
- ☐ Faith-based Organization
- ■ Public Social Service Agency
- ☐ Government Agency
- ☐ For-Profit Business
- ■ Other (specify): _____

Population Served: (Check all that apply)

- ■ Socio-economically challenged residents
- ■ People with disabilities
- ■ Elderly
- ☐ Other (specify): _____

Application Questions

1) Describe the mission of your organization and any specific services targeting low-income people, people with disabilities, and/or the elderly.

   Burleigh County Housing Authority provides subsidized housing for the homeless, disabled and the elderly population.

2) Describe the current transportation needs of your clients, what transportation services your organization currently provides, and any funding that supports it.

   We currently do not have any transportation services available for our tenants.

3) If your agency is approved, please identify how the awarded passes will be utilized to address existing gaps in available transportation needs for your clients within your own organization.

   Most of our tenants do not drive or have vehicles. We would be able to provide passes to tenants that need to have medical appointments, need a ride to the grocery store, or even help the tenant with children get to and from school.

4) Passes cost between $1.50 (75¢ reduced) and $6.00 each. Please describe how your agency will safeguard against theft, loss, and misuse of passes.

   We will document the tenants and addresses for each pass and keep the rest of the unused passes in a locked safe.

5) Describe the methodology for distributing passes as well as ensuring all recipients meet the program eligibility requirements.

   We would have our service coordinator work with each tenant requesting a pass. We would then document all the information and then we would approve the tenant for a pass.

Certification

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Signature of Authorized Representative

07/27/2026
Date

Sheryl Bohl
Printed Name

Senior Property Manager
Title

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City of Bismarck Bus Voucher Application

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Review Criteria:

- Demonstrated service to persons with a disability, elderly, and/or socio-economically challenged residents.
- Operational capacity to support distribution and documentation of vouchers.
- Geographic focus on meeting needs of Bismarck residents (trips will not be restricted to Bismarck).
- Past performance in operation of transit vouchers (if repeated annually).

Applicant Information

Organization Legal Name:	Dacotah Foundation, Inc
Employer Identification Number (EIN):	23-7115398
Organization Address:	600 South 2nd Street, Suite 308, Bimarck, ND 58504

Authorized Representative		**Program Contact** (Leave blank if same)
Name:	Doreen Eichele	
Title:	Chief Operations Officer	
Email Address:	doreene@dacotahfoundation.org	
Phone:	701-223-4517	

Type of Organization (Check all that apply)

- ■ Hold current 501(c)(3) Tax Status
- ☐ Community Service Organization
- ☐ Faith-based Organization
- ☐ Public Social Service Agency
- ☐ Government Agency
- ☐ For-Profit Business
- ☐ Other (specify): _____

Population Served: (Check all that apply)

- ■ Socio-economically challenged residents
- ■ People with disabilities
- ☐ Elderly
- ☐ Other (specify): _____

Application Questions

1) Describe the mission of your organization and any specific services targeting low-income people, people with disabilities, and/or the elderly.

To provide services that enhance quality of life and provide hope and compassion to those in our community experiencing challenges. Emphasis is adult persons with mental health and/or substance use disorders which includes individuals with low-income and disabled. Services provided are residential crisis stabilization; transitional living; permanent supportive; and recovery. Independent living and community services are independent apartments, recovery services, med

2) Describe the current transportation needs of your clients, what transportation services your organization currently provides, and any funding that supports it.

The majority of the population served by our agency do not have their own means of transportation due to multiple factors one of which is the cost to own and maintain a vehicle. They stuggle to get to appointments and access basic needs. It also hinders their ability to acquire and maintain employment. Residential staff will provide rides only for medical appointments through the NDDHHS residential contract.

3) If your agency is approved, please identify how the awarded passes will be utilized to address existing gaps in available transportation needs for your clients within your own organization.

Passes will be provided based on unmet transportation needs. Those that have no means of transportation would be given passes for appointment for medical, social services, housing and basic needs like food, clothing and hygiene.Our agency sees 30-40 individuals daily through at the Dacotah Recovery Center. Many of these individuals come from homeless shelters and are looking for services and supports.

4) Passes cost between $1.50 (75¢ reduced) and $6.00 each. Please describe how your agency will safeguard against theft, loss, and misuse of passes.

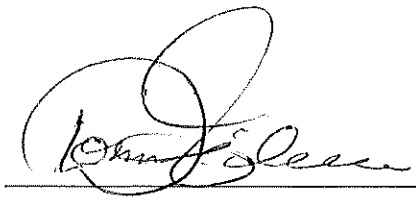
Passes will be administered by administrative office. They will be double locked, stored in a locked cabinet in a locked office. Only those authorized to disburse the passes will have access. An accounting ledger for the passes will be kept for distribution identifying the recipient and transportation need documented. Need will be determined by collaboration with the individual and service provider.

5) Describe the methodology for distributing passes as well as ensuring all recipients meet the program eligibility requirements.

A brief application would be developed to identify the reason for the transportation need.
The information provided would be reviewed by program staff to verify the transportation need based on their interaction and knowledge of the individual. The office staff assigned to distribute the pass would then fill the request and provide the pass directly to the individual

Certification

By signing this application, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. If approved, all distributed passes must be tracked in the provided "Pass Tracker" spreadsheet. Failure to provide complete and accurate tracking of pass usage will result in termination of the agency's eligibility for the program.



Signature of Authorized Representative

7/30/2026

Date

Doreen Eichele

Printed Name

Chief Operations Officer

Title

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City of Bismarck Bus Voucher Application

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Review Criteria:

- Demonstrated service to persons with a disability, elderly, and/or socio-economically challenged residents.
- Operational capacity to support distribution and documentation of vouchers.
- Geographic focus on meeting needs of Bismarck residents (trips will not be restricted to Bismarck).
- Past performance in operation of transit vouchers (if repeated annually).

Applicant Information

Organization Legal Name:	Dream Center Bismarck
Employer Identification Number (EIN):	85-0943567
Organization Address:	1805 Park Avenue, Bismarck, ND 58504

Authorized Representative		**Program Contact** (Leave blank if same)
Name:	Doreen Quist	
Title:	Administrative Director	
Email Address:	doreen@dreamcenterbismarck.org	
Phone:	701-955-2150 Ext. 10	

Type of Organization (Check all that apply)

- ■ Hold current 501(c)(3) Tax Status
- ☐ Community Service Organization
- ☐ Faith-based Organization
- ☐ Public Social Service Agency
- ☐ Government Agency
- ☐ For-Profit Business
- ☐ Other (specify): _____

Population Served: (Check all that apply)

- ■ Socio-economically challenged residents
- ■ People with disabilities
- ■ Elderly
- ☐ Other (specify): _____

Application Questions

1) Describe the mission of your organization and any specific services targeting low-income people, people with disabilities, and/or the elderly.

   Dream Center Bismarck serves free meals and groceries through the Great Start Breakfast, daily Banquet Meals, food pantry, and Adopt-a-Block mobile distribution. As a central community hub, the facility also hosts partner non-profits that offer additional free services to individuals and families in need, including elderly and disabled people.

2) Describe the current transportation needs of your clients, what transportation services your organization currently provides, and any funding that supports it.

   Many of our guests are elderly, disabled, or without a car, making reliable transportation to the Dream Center Bismarck essential for their daily meals. The Dream Center does not provide transportation but has collaborated with the CAT bus to change the route so that it drops off near our facility.

3) If your agency is approved, please identify how the awarded passes will be utilized to address existing gaps in available transportation needs for your clients within your own organization.

   The Dream Center gives out free tickets based on extreme weather and personal crisis requests. Each ticket is tracked using a spreadsheet that records name, ticket number, date, and housing situation.

4) Passes cost between $1.50 (75¢ reduced) and $6.00 each. Please describe how your agency will safeguard against theft, loss, and misuse of passes.

   Tickets are kept and dispersed through staff only.

5) Describe the methodology for distributing passes as well as ensuring all recipients meet the program eligibility requirements.

   The Dream Center gives out free tickets based on extreme weather and personal crisis requests. Each ticket is tracked using a spreadsheet that records name, ticket number, date, and housing situation. All guests that come to the Dream Center are considered a person in need so we give generously.

Certification

By signing this application, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. If approved, all distributed passes must be tracked in the provided "Pass Tracker" spreadsheet. Failure to provide complete and accurate tracking of pass usage will result in termination of the agency's eligibility for the program.

Doreen Quist
Signature of Authorized Representative

7/23/2026
Date

Doreen Quist
Printed Name

Administrative Director
Title

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City of Bismarck Bus Voucher Application

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- Demonstrated service to persons with a disability, elderly, and/or socio-economically challenged residents.
- Operational capacity to support distribution and documentation of vouchers.
- Geographic focus on meeting needs of Bismarck residents (trips will not be restricted to Bismarck).
- Past performance in operation of transit vouchers (if repeated annually).

Applicant Information

Organization Legal Name:	Heartview Foundation
Employer Identification Number (EIN):	45-0282159
Organization Address:	101 E Broadway Ave, Bismarck, ND 58501

	Authorized Representative	**Program Contact** (Leave blank if same)
Name:	Jennifer Greuel	Cathy Palczewski
Title:	Director of Communications	Case Manager
Email Address:	pr@heartview.org	cathyp@heartview.org
Phone:	701-751-6135	701-751-5797

Type of Organization (Check all that apply)

- ■ Hold current 501(c)(3) Tax Status
- ☐ Community Service Organization
- ☐ Faith-based Organization
- ☐ Public Social Service Agency
- ☐ Government Agency
- ☐ For-Profit Business
- ☐ Other (specify): _____

Population Served: (Check all that apply)

- ■ Socio-economically challenged residents
- ☐ People with disabilities
- ☐ Elderly
- ■ Other (specify): Addiction/Recovery

Application Questions

1) Describe the mission of your organization and any specific services targeting low-income people, people with disabilities, and/or the elderly.

Heartview is a substance use disorder treatment provider with residential, outpatient, and medication-assisted treatment programs in Bismarck, Cando, and Dickinson. Heartview serves more than 600 individuals daily, and approximately 70 percent of patients qualify for Medicaid or Medicaid Expansion, reflecting a poverty rate far above the general population.

2) Describe the current transportation needs of your clients, what transportation services your organization currently provides, and any funding that supports it.

Many of Heartview's clients lack reliable transportation to attend outpatient treatment, to receive medication-assisted treatment, to go to doctor's visits, or to attend job interviews. Heartview has no funding source to support transportation assistance.

3) If your agency is approved, please identify how the awarded passes will be utilized to address existing gaps in available transportation needs for your clients within your own organization.

The awarded passes would be distributed by Heartview's case management team to outpatient clients who lack a ride, experience a vehicle breakdown, or run out of gas and would otherwise miss treatment, medication appointments, doctor's visits, or other vital appointments.

4) Passes cost between $1.50 (75¢ reduced) and $6.00 each. Please describe how your agency will safeguard against theft, loss, and misuse of passes.

Heartview will store all bus passes in a locked location managed by case management staff, with access limited to authorized personnel. Case managers will track which clients have received passes to ensure each client receives only a limited number until a long-term transportation plan is in place. This tracking system also allows staff to monitor usage and quickly identify any discrepancies in inventory.

5) Describe the methodology for distributing passes as well as ensuring all recipients meet the program eligibility requirements.

Case managers will distribute passes directly to clients on a case-by-case basis. Because staff work closely with clients on their financial and treatment circumstances, they are well positioned to confirm eligibility. If a case manager is unsure whether a client is eligible, the case is referred to their supervisor before passes are distributed.

Certification

By signing this application, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. If approved, all distributed passes must be tracked in the provided "Pass Tracker" spreadsheet. Failure to provide complete and accurate tracking of pass usage will result in termination of the agency's eligibility for the program.

Jennifer Greuel

Signature of Authorized Representative

8/17/26

Date

Jennifer Greuel

Printed Name

Director of Communications

Title

Please send completed applications to planning@bismarcknd.gov prior to the deadline of **August 21, 2026** for consideration in this program.

The City of Bismarck reserves the right to terminate agency eligibility at any time.

City of Bismarck Bus Voucher Application

The purpose of this program is to offer free one-ride or one-day passes on the Capital Area Transit (CAT) buses to meet the needs of persons with a disability, elderly, and/or socio-economically challenged residents. Applications from service providers will be collected and reviewed by the City's Community Development Advisory Committee (CDAC) for selection to receive vouchers. If selected, recipients will submit voucher requests monthly to Bis-Man Transit and will be responsible for tracking and reporting on vouchers distributed. The program has been funded for one year, unless extended by City Commission.

Review Criteria:

- Demonstrated service to persons with a disability, elderly, and/or socio-economically challenged residents.
- Operational capacity to support distribution and documentation of vouchers.
- Geographic focus on meeting needs of Bismarck residents (trips will not be restricted to Bismarck).
- Past performance in operation of transit vouchers (if repeated annually).

Applicant Information

Organization Legal Name:	Bismarck-Burleigh Public Health
Employer Identification Number (EIN):	456002036
Organization Address:	407 S 26th St Bismarck, ND 58504

Authorized Representative		**Program Contact** (Leave blank if same)
Name:	Renae Moch	
Title:	Public Health Director	
Email Address:	rmoch@bismarcknd.gov	
Phone:	701-355-1540	

Type of Organization (Check all that apply)

- ☐ Hold current 501(c)(3) Tax Status
- ☐ Community Service Organization
- ☐ Faith-based Organization
- ☐ Public Social Service Agency
- ■ Government Agency
- ☐ For-Profit Business
- ☐ Other (specify): _____

Population Served: (Check all that apply)

- ■ Socio-economically challenged residents
- ■ People with disabilities
- ■ Elderly
- ☐ Other (specify): _____

Application Questions

1) Describe the mission of your organization and any specific services targeting low-income people, people with disabilities, and/or the elderly.

Bismarck-Burleigh Public Health is dedicated to improving the health and safety of the community by providing public health services, promoting healthy behaviors, preventing disease and injury, and connecting residents with needed healthcare and community resources. BBPH serves residents across the lifespan, including individuals with limited income, older adults, people with disabilities, individuals

2) Describe the current transportation needs of your clients, what transportation services your organization currently provides, and any funding that supports it.

Transportation is a recurring barrier for BBPH clients, particularly for individuals with limited income, older adults, people with disabilities, individuals experiencing homelessness or housing instability, and residents who do not own or have reliable access to a vehicle. Transportation limitations may prevent clients from attending healthcare and public health appointments, obtaining prescriptions, accessing food

3) If your agency is approved, please identify how the awarded passes will be utilized to address existing gaps in available transportation needs for your clients within your own organization.

BBPH would use the awarded bus passes to assist eligible Bismarck residents who lack reliable transportation and do not have access to another transportation funding source. Priority would be given to transportation that directly supports access to healthcare, public health services, food, medications, and other essential health-related needs. Passes may be provided for transportation to: Appointments

4) Passes cost between $1.50 (75¢ reduced) and $6.00 each. Please describe how your agency will safeguard against theft, loss, and misuse of passes.

Bus passes will be maintained in a secure, locked location accessible only to designated BBPH staff. A limited number of authorized staff members will be permitted to distribute passes. BBPH will maintain a voucher-distribution log documenting, at minimum: Date issued. Type and number of passes issued. Client identifier. Confirmation of Bismarck residency and program eligibility. General

5) Describe the methodology for distributing passes as well as ensuring all recipients meet the program eligibility requirements.

Passes will be distributed by designated BBPH staff to individuals receiving BBPH services. Before issuing a pass, staff will complete a brief eligibility and transportation-needs assessment. Recipients must: Be a Bismarck resident. Be a person with a disability, an older adult, or a resident experiencing socioeconomic hardship. Have an identified transportation need related to healthcare, food access,

Certification

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Signature of Authorized Representative

7/23/2026

Date

Renae Moch

Printed Name

Public Health Director

Title

Please send completed applications to planning@bismarcknd.gov prior to the deadline of **August 21, 2026** for consideration in this program.

The City of Bismarck reserves the right to terminate agency eligibility at any time.

Note about transcribed forms: this format exists to remove accessibility barriers, but some recipients prefer the original printed format. If you'd like help moving your entries into the original form, please use the live assistance options in the sidebar or contact the author.

City of Bismarck Bus Voucher Application

The purpose of this program is to offer free one-ride or one-day passes on the Capital Area Transit (CAT) buses to meet the needs of persons with a disability, elderly, and/or socio-economically challenged residents. Applications from service providers will be collected and reviewed by the City's Community Development Advisory Committee (CDAC) for selection to receive vouchers. If selected, recipients will submit voucher requests monthly to Bis-Man Transit and will be responsible for tracking and reporting on vouchers distributed. The program has been funded for one year, unless extended by City Commission.

Review Criteria:

- Demonstrated service to persons with a disability, elderly, and/or socio-economically challenged residents.
- Operational capacity to support distribution and documentation of vouchers.
- Geographic focus on meeting needs of Bismarck residents (trips will not be restricted to Bismarck).
- Past performance in operation of transit vouchers (if repeated annually).

Applicant Information

Organization Legal Name:	Organization Legal Name: Ministry on the Margins
Employer Identification Number (EIN):	Employer Identification Number (EIN): 81-3452507
Organization Address:	Organization Address: 201 N 24th St Bismarck ND 58501

	Authorized Representative	**Program Contact (Leave blank if same)**
Name:	Authorized Representative Name: Nate Mickelson	Program Contact Name:
Title:	Authorized Representative Title: Prison Reentry Manager	Program Contact Title:
Email Address:	Authorized Representative Email Address: nathan@ministryonthemargins.org	Program Contact Email Address:

	Authorized Representative	Program Contact (Leave blank if same)
Phone:	Authorized Representative Phone: 7013904000	Program Contact Phone:

Type of Organization (Check all that apply)

- [x] Hold current 501(c)(3) Tax Status
- [x] Community Service Organization
- [ ] Faith-based Organization
- [ ] Public Social Service Agency
- [ ] Government Agency
- [ ] For-Profit Business
- [ ] Other (specify): Other organization type specification

Population Served: (Check all that apply)

Population Served: (Check all that apply)

- [x] Socio-economically challenged residents
- [x] People with disabilities
- [x] Elderly
- [x] Other (specify): Other population served specification: Justice - oriented and unhoused population

City of Bismarck Bus Voucher Application

Application Questions

Questions 1 to 5

1) Describe the mission of your organization and any specific services targeting low-income people, people with disabilities, and/or the elderly.

Ministry on the Margins (MOTM) fulfills lives out in its mission by standing alongside individuals who are too often overlooked every day, whether they are individuals experiencing homelessness, low-income, those with disabilities, individuals returning to the community after incarceration, or navigating some of life's most difficult transitions. More than providing services, the Ministry builds relationships rooted in dignity, hope, and the belief that every person deserves the opportunity to succeed.

Specific services provided include our open hours program, a dedicated prison reentry program, street outreach, CARES assessments for housing, a

bi-weekly food pantry and even monthly haircuts, hand & foot care, eye examinations, and acupuncture. Our services are specifically intended for the target population this voucher serves.

2) Describe the current transportation needs of your clients, what transportation services your organization currently provides, and any funding that supports it.

Transportation has long been an under-recognized barrier in the Bismarck Mandan area, and Ministry on the Margins has lobbied in the past for better access and availability, even presenting at local City Commission meetings, advocacy with local stake holders and direct communication with Bis-Man Transit. Current needs which include but are not limited to are transportation to health care appointments, mental behavioral health appointments, to and from employment opportunities, clients returning home, family appointments and trips to obtain basic needs. Our current agency has at times purchased bus passes on MOTM finances to help our clientele which are non-reimbursable costs. Additional means include transportation for our Free Through Recovery and Community Connect clients through MOTM owned vehicles. MOTM is reimbursed by these state programs for providing client services and program administration. MOTM does not have any dedicated transportation funding.

3) If your agency is approved, please identify how the awarded passes will be utilized to address existing gaps in available transportation needs for your clients within your own organization.

The awarded passes will be distributed by both our behavioral health and prison reentry programs which encounter the targeted population every day. The first step is identifying those individuals with an applicable transportation gap as discussed in question 2 and also meeting program eligibility requirements outlined in the review criteria.

4) Passes cost between $1.50 (75¢ reduced) and $6.00 each. Please describe how your agency will safeguard against theft, loss, and misuse of passes.

MOTM will safeguard the passes by only allowing distribution to staff from either the behavioral health or prison reentry manager. The passes will be kept in a locked office. Once a need is identified by a staff member or any of our various programs, this will be directly discussed with the respective managers or executive director for approval and distribution.

5) Describe the methodology for distributing passes as well as ensuring all recipients meet the program eligibility requirements.

MOTM will collect demographic information which will include identification of the program eligibility requirements as outlined in the review criteria, i.e., disabled, elderly and/or socio-economically challenged residents. This method of identification will be a standard form collected via paper or electronic records. Once this criterion is met, staff will consult with either the behavioral health manager, prison reentry manager or executive director for approval and distribution. This distribution will occur during any of MOTM business hours, or programming.

If MOTM is selected for this voucher program, tracking and reporting will be completed in a timely fashion as requested by the City Development Advisory Committee or other governing bodies in charge.

Certification

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Signature of Authorized Representative	Date	Printed Name
Nathan J. Mickelson	07/23/2026	Nathan J. Mickelson

Title

Prison Reentry Manager

Please send completed applications to planning@bismarcknd.gov prior to the deadline of **August 21, 2026** for consideration in this program.

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City of Bismarck Bus Voucher Application

City of Bismarck Bus Voucher Application

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Review Criteria:

- Demonstrated service to persons with a disability, elderly, and/or socio-economically challenged residents.
- Operational capacity to support distribution and documentation of vouchers.
- Geographic focus on meeting needs of Bismarck residents (trips will not be restricted to Bismarck).
- Past performance in operation of transit vouchers (if repeated annually).

Applicant Information

Organization Legal Name:	Sacred Pipe Resource Center
Employer Identification Number (EIN):	26-1088259
Organization Address:	925 Basin Avenue, Suite 2/Bismarck ND 58504

Authorized Representative		**Program Contact** (Leave blank if same)
Name:	Cheryl Ann Kary, Ph.D.	
Title:	Executive Director	
Email Address:	cheryl@sacredpipe.net	
Phone:	701-663-3886	

Type of Organization (Check all that apply)

- ■ Hold current 501(c)(3) Tax Status
- ☐ Community Service Organization
- ☐ Faith-based Organization
- ☐ Public Social Service Agency
- ☐ Government Agency
- ☐ For-Profit Business
- ☐ Other (specify): _____

Population Served: (Check all that apply)

- ■ Socio-economically challenged residents
- ■ People with disabilities
- ■ Elderly
- ☐ Other (specify): _____

Application Questions

1) Describe the mission of your organization and any specific services targeting low-income people, people with disabilities, and/or the elderly.

The mission of SPRC is to engage the urban Tribal Native American population by providing safe spaces in which we can connect with cultural knowledge, find healing, build community, and affect positive change. All of our events involve low-income people, people with disabilities, and the elderly. This includes our food pantry, cultural events, informational events, and participation in our community councils.

2) Describe the current transportation needs of your clients, what transportation services your organization currently provides, and any funding that supports it.

We have many urban Tribal members who do not have regular transportation to access our food pantry or attend our healing and educational events. We do provide limited delivery for elderly and disabled members and that comes out of our general fund. We also serve a lot of youth that come from low-income families that prioritize gas for work and the youth can't access our educational/culturally beneficial programs.

3) If your agency is approved, please identify how the awarded passes will be utilized to address existing gaps in available transportation needs for your clients within your own organization.

Our organization has bulk-purchased passes in the past when we've been able to receive funding to do so. We typically prioritize individuals who are elderly, disabled, very low income, and those we know are regular attendees but have temporary car problems. We also do in-school and agency advocacy and in-person assistance for community members, and they have transportation needs that we cannot always meet.

4) Passes cost between $1.50 (75¢ reduced) and $6.00 each. Please describe how your agency will safeguard against theft, loss, and misuse of passes.

To safeguard passes, we will utilize the same system we utilize to maintain the safety of our incentive cards and phone cards. That is, we have them maintained in a lock box located in a locked file cabinet in the Executive Director's office. We also keep a log of all cards and individuals receiving the cards must date/sign for them.

5) Describe the methodology for distributing passes as well as ensuring all recipients meet the program eligibility requirements.

For this potential transportation assistance, we would rely on our internal team to identify community members with special transportation needs, as well as monitor requests from the public. We verify need through the community councils.

Certification

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Cheryl Ann Kary

Signature of Authorized Representative

07-23-2026

Date

Cheryl Ann Kary

Printed Name

Executive Director

Title

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City of Bismarck Bus Voucher Application

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Review Criteria:

- Demonstrated service to persons with a disability, elderly, and/or socio-economically challenged residents.
- Operational capacity to support distribution and documentation of vouchers.
- Geographic focus on meeting needs of Bismarck residents (trips will not be restricted to Bismarck).
- Past performance in operation of transit vouchers (if repeated annually).

Applicant Information

Organization Legal Name:	The Salvation Army Bismarck-Mandan
Employer Identification Number (EIN):	410698597
Organization Address:	601 S Washington St. Bismarck ND 58504

Authorized Representative		**Program Contact** (Leave blank if same)
Name:	Amanda Hoscheit	
Title:	Corps Officer	
Email Address:	amanda.hoscheit@usc.salvationarmy.org	
Phone:	612-271-7717	

Type of Organization (Check all that apply)

- ■ Hold current 501(c)(3) Tax Status
- ■ Community Service Organization
- ■ Faith-based Organization
- ☐ Public Social Service Agency
- ☐ Government Agency
- ☐ For-Profit Business
- ☐ Other (specify): _____

Population Served: (Check all that apply)

- ■ Socio-economically challenged residents
- ■ People with disabilities
- ■ Elderly
- ☐ Other (specify): _____

Application Questions

1) Describe the mission of your organization and any specific services targeting low-income people, people with disabilities, and/or the elderly.

Our mission is to serve all people in our community with hope and a helping hand. Our mission is to preach the gospel of Jesus Christ and meet human needs in His name without discrimination. We serve over 400 people a month through our food pantry and emergency services, as well as long-term case management for people who need a little extra support.

2) Describe the current transportation needs of your clients, what transportation services your organization currently provides, and any funding that supports it.

We often meet with clients where transportation is a hurdle to success and health. This generally comes with the need for access to gas vouchers or public transportation. Right now, we can support about $80 in gas, and we do not have any bus passes.

3) If your agency is approved, please identify how the awarded passes will be utilized to address existing gaps in available transportation needs for your clients within your own organization.

If approved, we will be able to further support clients with doctor appointments, job hunting/trainings, and continuing with employment when a crisis arises.

4) Passes cost between $1.50 (75¢ reduced) and $6.00 each. Please describe how your agency will safeguard against theft, loss, and misuse of passes.

All cards are kept in a safe where only the case manager and office manager have access. A log is kept to ensure which cards were given out and by whom, and a client acknowledgement is signed when a client receives a card.

5) Describe the methodology for distributing passes as well as ensuring all recipients meet the program eligibility requirements.

Clients will meet with the case manager to assess eligibility.

Certification

By signing this application, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. If approved, all distributed passes must be tracked in the provided "Pass Tracker" spreadsheet. Failure to provide complete and accurate tracking of pass usage will result in termination of the agency's eligibility for the program.

Signature of Authorized Representative

7/23/26

Date

Amanda Hoscheit

Printed Name

Corps Officer

Title

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City of Bismarck Bus Voucher Application

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Review Criteria:

- Demonstrated service to persons with a disability, elderly, and/or socio-economically challenged residents.
- Operational capacity to support distribution and documentation of vouchers.
- Geographic focus on meeting needs of Bismarck residents (trips will not be restricted to Bismarck).
- Past performance in operation of transit vouchers (if repeated annually).

Applicant Information

Organization Legal Name:	Stepping Stone Ministries
Employer Identification Number (EIN):	93-1845283
Organization Address:	112 S 24th Street Bismarck, ND 58501

Authorized Representative		**Program Contact** (Leave blank if same)
Name:	Sr. Idelle Badt	
Title:	CEO	
Email Address:	Idelle@steppingstonemr.org	
Phone:	701-426-7737	

Type of Organization (Check all that apply)

- ■ Hold current 501(c)(3) Tax Status
- ☐ Community Service Organization
- ☐ Faith-based Organization
- ☐ Public Social Service Agency
- ☐ Government Agency
- ☐ For-Profit Business
- ☐ Other (specify): _____

Population Served: (Check all that apply)

- ■ Socio-economically challenged residents
- ■ People with disabilities
- ■ Elderly
- ☐ Other (specify): _____

Application Questions

1) Describe the mission of your organization and any specific services targeting low-income people, people with disabilities, and/or the elderly.

Stepping Stone Medical Respite (SSMR) provides transitional care for individuals experiencing homelessness upon discharge from a Bismarck/Mandan hospital who have an acute medical need and are too ill to return to the street or shelter. The vast majority of our clients face socio-economic challenges, and we frequently serve individuals with physical or mental disabilites as well as elderly residents.

2) Describe the current transportation needs of your clients, what transportation services your organization currently provides, and any funding that supports it.

While residing at SSMR, residents receive transportation from facility staff and volunteers to all medical, mental health and substance use appointments. Additionally, some residents work in the community while staying at SSMR and at times rely on public transit to commute--especially during evening hours when staff coverage for transport is limited.

3) If your agency is approved, please identify how the awarded passes will be utilized to address existing gaps in available transportation needs for your clients within your own organization.

Upon discharge from SSMR, residents rely on public transportation to attend medical appoitnments, and integrate back into the community. Providing passes would alleviate some financial burden for them as they transition into housing in Bismarck. These passes will also fill transportation gaps for current residents comming to and from work during times when staff are not available to transport.

4) Passes cost between $1.50 (75¢ reduced) and $6.00 each. Please describe how your agency will safeguard against theft, loss, and misuse of passes.

Passes will be secured within our locked medication cabinet, which will only be acessible to staff. We will maintain a log of who the passes were disttributed to and for what purpose.

5) Describe the methodology for distributing passes as well as ensuring all recipients meet the program eligibility requirements.

All residents undergo an initial intake screening by staff upon arrival to document their socio-economic status and financial need, ensuring they meet program criteria. When a specific transportation need arises, case management submits a request to the CEO, who verifies eligibility before approving and issuing the bus pass.

Certification

By signing this application, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. If approved, all distributed passes must be tracked in the provided "Pass Tracker" spreadsheet. Failure to provide complete and accurate tracking of pass usage will result in termination of the agency's eligibility for the program.

Sr. Idelle Badt

Signature of Authorized Representative

7/23/2026

Date

Sr. Idelle Badt

Printed Name

CEO

Title

Please send completed applications to planning@bismarcknd.gov prior to the deadline of **August 21, 2026** for consideration in this program.

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City of Bismarck Bus Voucher Application

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Review Criteria:

- Demonstrated service to persons with a disability, elderly, and/or socio-economically challenged residents.
- Operational capacity to support distribution and documentation of vouchers.
- Geographic focus on meeting needs of Bismarck residents (trips will not be restricted to Bismarck).
- Past performance in operation of transit vouchers (if repeated annually).

Applicant Information

Organization Legal Name:	The Terrace
Employer Identification Number (EIN):	45-0318953
Organization Address:	901 East Bowen Ave., Bismarck

Authorized Representative		**Program Contact** (Leave blank if same)
Name:	Patrick Kellar	
Title:	Administrator	
Email Address:	terraceadmin@bchabis.com	
Phone:	7012581980	

Type of Organization (Check all that apply)

- ■ Hold current 501(c)(3) Tax Status
- ☐ Community Service Organization
- ☐ Faith-based Organization
- ☐ Public Social Service Agency
- ☐ Government Agency
- ☐ For-Profit Business
- ☐ Other (specify): _____

Population Served: (Check all that apply)

- ■ Socio-economically challenged residents
- ■ People with disabilities
- ■ Elderly
- ☐ Other (specify): _____

Application Questions

1) Describe the mission of your organization and any specific services targeting low-income people, people with disabilities, and/or the elderly.

The Terrace basic care facility houses those age 65 and older who need assistance with Daily Living (housekeeping, meal preparation, laundry, and med management). We also serve the legally disabled 18-64 who cannot live on their own. We accept Medicaid, meaning the majority of our residents are low income and can only have $150 per month of their income from all income sources for medications, phone, clothing, etc.

2) Describe the current transportation needs of your clients, what transportation services your organization currently provides, and any funding that supports it.

We only provide transportation for medical appointments. They must be scheduled to begin between 8:30 am and noon Monday through Thursday. The service is included as being part of a basic care resident at The Terrace. To avoid duplication, I articulated the transportation needs in the "existing gaps"

3) If your agency is approved, please identify how the awarded passes will be utilized to address existing gaps in available transportation needs for your clients within your own organization.

The gaps our residents experience are: 1) Medical appointments outside our provided day and time ride parameters; 2) Trips they may need for non-medical appointments; 3) Residents who do not have family or friends who can give them rides

4) Passes cost between $1.50 (75¢ reduced) and $6.00 each. Please describe how your agency will safeguard against theft, loss, and misuse of passes.

We keep Transit passes in a locked cabinet in the main office where they are inventoried and accounted for. Only two employees have key access to the cabinet, both of whom have their own vehicles and no need for transit passes.

5) Describe the methodology for distributing passes as well as ensuring all recipients meet the program eligibility requirements.

Residents come to the office to purchase passes from our desk, which we prepurchase "in bulk". We make note of a resident's Transit eligibility/expiration via their Transit card. A purchase is then ledgered to show transactions of the passes. Although these would be provided free, they would be handled the same way - locked, inventoried, eligibility determined, distribution accounted for.

Certification

By signing this application, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. If approved, all distributed passes must be tracked in the provided "Pass Tracker" spreadsheet. Failure to provide complete and accurate tracking of pass usage will result in termination of the agency's eligibility for the program.

Patrick Kellar
Signature of Authorized Representative

7-23-26
Date

Patrick Kellar
Printed Name

7-23-26
Title

Please send completed applications to planning@bismarcknd.gov prior to the deadline of **August 21, 2026** for consideration in this program.

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