

Early Childhood Mini Grants for Young Children with Special Needs – 2026

Grants are available for children under the age of three with special needs who receive Early Intervention Services through a Dakota County school district. Grant applications will be accepted starting January 12, 2026, by submitting a complete application with supporting documents to SSECCoordinator@co.dakota.mn.us. The 2026 grant program will close on the earlier of June 30, 2026, or when the funds have been expended. Eligible applicants may receive up to \$500 annually.

Please discard any previous version of this application. This new 2026 application is the only one that will be accepted. Submissions made on a previous form version will be returned.

All communication will be done via secure email unless an alternate means of communication is requested.

Things to consider when applying for grant funds:

- The child must receive Early Intervention Services through a Dakota County school. Dakota County residency alone is not sufficient.
- Families already receiving disability services such as Personal Care Assistant (PCA), Family Support Grant (FSG), Consumer Support Grant (CSG), Waivered Services, or Developmental Disability (DD) Case Management are not eligible for a grant.
- Request must be directly related to the child's special needs.
- This grant is only available after all other resources have been accessed or denied.
- Previous grant recipients must submit complete expenditure reports and/or receipts for previous grant expenses to SSECCoordinator@co.dakota.mn.us before an additional grant application will be accepted.

Grant funding may be used for the following purposes:

- Equipment used to help, maintain, or improve functional capabilities of a child.
- Specialized items (i.e., adaptive clothing, safety equipment), that are not typical costs of caring for a child of similar age.
- Short-term respite or temporary care to provide relief to the primary caregiver(s).
- Unreimbursed transportation fees (taxi, bus, Lyft/Uber) or mileage necessary to attend medical or mental health services.

The following documentation is required with each application submission:

- Current year application form, completed and signed by guardian/parent.
- Release of Information (ROI) that specifies an exchange of information with Dakota County Social Services.
- Individual Family Service Plan (IFSP).



- W-9 (required only if grant will be used for respite; substitute W-9's are not accepted).

Completed applications with all supporting documentation will be reviewed in the order received on or after January 12, 2026. Applications and supporting documents should only be submitted to SSECCoordinator@co.dakota.mn.us. If an application is received without supporting documentation or is incomplete, it will be denied. If an application is denied, a completed application with supporting documentation can be re-submitted.

Documents must be attached to the submission email as individual documents. Applications that are submitted as one PDF document cannot be separated to comply with data retention requirements, therefore the application will be denied.

CHILD

1. Name of Child [First Middle Last]:
2. Date of Birth [Month-Day-Year]:
3. Please indicate the status for the child by indicating pending, denied, approved, or N/A for each service listed below.

Services	Pending (application submitted)	Denied	Approved	N/A
Adoption Assistance				
Children’s Mental Health Case Management Services				
Consumer Support Grant (CSG)*				
Family Support Grant (FSG)*				
Medical Assistance				
MinnesotaCare				
MnCHOICES				
Other resource:				
Personal Care Attendant*				
Private Insurance				
Private Duty Nursing				
Relative Caretaker Grant				

Services	Pending (application submitted)	Denied	Approved	N/A
Rule 185 Developmental Disabilities (DD) Case Management Services*				
Certified Disabled by Social Security Disability				
Certified Disabled by State Medical Review Team (SMRT) Review				
Tax Equity and Fiscal Responsibility Act (TEFRA				
Waivered Services*				

*Families already receiving disability services such as Personal Care Assistant (PCA), Family Support Grant (FSG), Consumer Support Grant (CSG), Waivered Services, or Developmental Disability (DD) Case Management are not eligible for a Part C Mini Grant.

Additional Information regarding the programs outlined above:

4. What School District does the child attend?

- ISD 6 - South St. Paul
- ISD 191 - Burnsville/Eagan/Savage
- ISD 192 - Farmington
- ISD 194 - Lakeville
- ISD 195 - Randolph
- ISD 196 - Apple Valley/Rosemount/Eagan
- ISD 197 - WSP/Mendota Heights/Northern Eagan
- ISD 199 - Inver Grove Heights
- ISD 200 - Hastings
- ISD 917 - Intermediate School District

5. Has the child been awarded the Early Childhood Mini Grant previously?

- No Yes

Note: If yes, all receipts or an expenditure form must be submitted to SSECCoordinator@co.dakota.mn.us for the prior award before a new application will be considered.

6. Child’s Diagnosis, Disability, Daily Functioning and Needs

- Please indicate not applicable (N/A) if an area does not apply to the child.
- **“Refer to IFSP” is not sufficient information;** please detail specifically the **impact** on daily living for the child and family.
- Please include any testing and scores as it relates to each area.

Area of Concern	Impact on daily living for child and family
Diagnosis:	
Medical Needs:	
Hearing and/or Visual Impairments:	
Feeding Concerns or Eating Issues:	
Seizures:	
Gross Motor Skills:	

Area of Concern	Impact on daily living for child and family
Communication Skills:	
Cognitive Delays:	
Sensory Issues:	
Adaptive Functioning:	
Social Emotional Development Intensity Scale (please indicate level): <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Very Severe 	

7. Please list other community resources that have been explored prior to this application:

FAMILY

Info	Guardian/Parent 1	Guardian/Parent 2	Guardian/Parent 3
Name of Guardian/Parent			
Relationship to Child			
Address			
Phone			
Email			

- Adjusted Gross Income from most recent 1040 or 1040A (Please note there is no maximum income limit for this grant; information is needed for statistical purposes only.):
- Please list the names and ages for all children (including applicant) currently residing in this home, and indicate if any are disabled or have a disability:

Child Name	Age	Disabled or Disability

- Please list the names of all adults currently living in the home. Indicate if any are disabled or have a disability.

Adult Name	Disabled or Disability



11. Please briefly describe the family’s support system:

12. Family Functioning:

a. Please indicate what other needs are impacting or stressing the family:

- Access barriers
- Divorce
- Financial hardship
- Housing issues
- Lack of formal supports
- Low income
- Marital issues
- Medical crisis or Issues
- Mental health crisis or Issues
- Other children with disabilities
- Recent death in family
- Sibling Issues
- Single parenting

b. Briefly describe how the identified factors above impact the family:

13. Grant Request

Item(s)	Purpose (as it relates to child’s needs)	Cost

Respite Provider	Phone Number



14. If the application is approved, to which guardian or parent should the check be sent?

15. Grant recipients will be notified by secure email unless an alternate means of communication is requested. Please indicate the alternate means of communication that you are requesting.

16. School District or Public Health Service Coordinator

Name:

Title:

School District:

Phone:

Email:

17. Agreement for Use of Grant Funding

I understand that I am responsible for planning for the services and purchasing the assistive technology tools requested or to hire, monitor, and pay for the services requested. I am responsible for completing and submitting an expenditure report to SSECCoordinator@co.dakota.mn.us once I have spent the grant funds, and I understand that I must keep the receipts for five years. I understand that I may be contacted by Dakota County for audit purposes and to ensure that government funds were used appropriately. I understand that I will be unable to apply for future grants unless an expenditure form or the receipts for this grant are provided to Dakota County.

Parent Signature:

Date:

By checking this box, I agree that I have communicated the expectations of this grant to the parent/caregiver prior to submitting the application on their behalf.

Service Coordinator Signature:

Date: