

# STATE ENERGY PROGRAM APPLICATION

NORTH DAKOTA DEPARTMENT OF COMMERCE  
 DIVISION OF COMMUNITY SERVICES  
 SFN 59023 (11/16)

*Please complete and submit this form with your proposal and supporting documents. If you need additional space, please use separate pages.*



1600 E. Century Avenue, Suite 2  
 P.O. Box 2057  
 Bismarck, ND 58502-2057  
 (701) 328-5300  
 ahpennig@nd.gov

<http://www.communityservices.nd.gov/renewableenergyprograms/StateEnergyProgram/>

Organization			Address	
City	State	Zip Code	Telephone Number	Fax Number
E-mail Address			Date of Application	Duns Number*

\*Applicants **MUST** have valid Duns Number and SAM registration to be eligible for funding.

## Recipient Type

<input type="checkbox"/>	State Government	<input type="checkbox"/>	Education	<input type="checkbox"/>	For Profit Organization	<input type="checkbox"/>	Tribal Government
<input type="checkbox"/>	Local Government	<input type="checkbox"/>	Hospital	<input type="checkbox"/>	Individual	<input type="checkbox"/>	Other Nonprofit Organization
<input type="checkbox"/>	Other (Specify)						

Primary Contact	Title
Primary Telephone	Primary E-mail Address
Chief Executive Officer	Title

Is there any potential conflict of interest? If yes, please explain in a separate document and attach to the application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is the applicant currently in violation, or dealing with a case regarding violations of Federal criminal law involving fraud, bribery, or gratuity violations.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Total Project Budget	Amount Requested
Proposed Start Date	For What Duration

Describe the project budget and include any other sources of funding for the project. List all expenses and associated costs. **\*\*NOTE:** Purchase of services or goods over \$3,000 required three bids. These bids must be included with the reimbursement request. If your project budget includes salary expenses, only actual expenses may be reimbursed and must be supported by personal activity records/timecards that are inclusive of all employee activity.

Describe your project. Please include a clear statement of the need or problem to be addressed and the activities you will complete.

Describe the results you expect from your project and include how you will measure project success.

Please have your chief executive officer or chief financial officer sign this form

Signature	Title	Date
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For Commerce Use Only			
Approved	Amount of Grant	Date	Authorized Signature:
Is the applicant debarred or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No			