

STATE ENERGY PROGRAM APPLICATION
NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS
 SFN 59023 (01/09)



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

Organization		Address	
Date of Application	Duns Number		
Telephone	Fax	E-mail Address	
Are you registered with CCR? <i>(all awardees must be registered with CCR)</i> If not, please visit https://www.bpn.gov/ccr/default.aspx to register.			<input type="checkbox"/> Yes <input type="checkbox"/> No

Recipient Type

<input type="checkbox"/>	State Government	<input type="checkbox"/>	Education	<input type="checkbox"/>	For Profit Organization	<input type="checkbox"/>	Indian 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 Contact
Chief Executive Officer	Title

Are you a registered vendor with the State of North Dakota Procurement Office? If not, please visit www.nd.gov/spo to register	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Total Project Budget	Amount Requested
Proposed Start Date	For What Duration

Briefly describe the project budget—including any other sources of funding for the project:

Briefly describe your project, and how it will benefit North Dakota. Please include a clear statement of the need or problem to be addressed and the strategy you will use:

Briefly describe the results you expect from your project:

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

Signature	Title	Date
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