

# STATE ENERGY PROGRAM APPLICATION

NORTH DAKOTA DEPARTMENT OF COMMERCE  
 DIVISION OF COMMUNITY SERVICES  
 SFN 59023 (05/22)

1600 E. Century Avenue, Suite 6  
 PO Box 2057  
 Bismarck, ND 58502-2057  
 (701) 328-5300

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

Organization			Address	
City	State	ZIP Code	Telephone Number	Fax Number
E-mail Address			Date of Application	SAM Unique Entity ID*

\*Applicants **MUST** have valid System for Award Management (SAM) assigned Unique Entity ID (UEI) 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	E-mail Address	

<ul style="list-style-type: none"> <li>• Is there any potential conflict of interest? If yes, please explain in a separate document and attach to the application.</li> <li>• Does your project involve retrofitting or making improvements to a building? If yes, in what year was your building constructed? _____</li> <li>• Is the building you are retrofitting/improving on the National Historic Register? **If your building is more than 49 years old or is on the National Historic Register, please submit a completed Section 106 Clearance Form with your application. This form is available at: <a href="https://www.communityservices.nd.gov/uploads/7/SFN52654Section106ClearanceSavable.pdf">https://www.communityservices.nd.gov/uploads/7/SFN52654Section106ClearanceSavable.pdf</a></li> <li>• Building Area in square feet impacted _____</li> <li>• Is the applicant currently in violation, or dealing with a case regarding violations of Federal criminal law involving fraud, bribery, or gratuity violations?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
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Project Name	
Total Project Budget ( <b>Note: A Minimum 20% Match is Required</b> )	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. <b>**NOTE:</b> Purchase of services or goods over <b>\$10,000</b> require 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 personnel activity records/timecards that are inclusive of all employee activity.	

Describe your project in detail. If your project includes energy saving retrofits to a building, specify the building to be modified, the changes to be made and provide pictures of the area to be retrofitted. 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. If your project involves installing or performing energy efficiency retrofits, please complete and attach our Energy Analysis Form that can be found at <https://www.communityservices.nd.gov/uploads/30/sfn59261energysavinganalysissavable.pdf>.

I, the undersigned authorized representative of the applicant, certify that to the best of my knowledge the information in this application is true and correct. I also certify that the applicant shall maintain accounting records in accordance with federal financial requirements contained in 2 CFR Part 200 and that funds awarded be included in audits and financial statements. I certify that the applicant will comply with all local, state and federal laws and regulations, including but not limited to, the State Health Department's requirements for solid waste management and EPA's Renovation, Repair and Painting Rule. I also certify that the applicant is in good financial standing and has no delinquencies on existing Federal or North Dakota State Government grants or loans.

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