



# FUNDING APPLICATION COVER SHEET

Department of Career and Technical Education  
SFN 15274 (11/14)

State Capitol 15<sup>th</sup> Floor  
600 East Boulevard Ave Dept 270  
Bismarck ND 58505-0610  
Phone 701-328-3180  
Fax 701-328-1255

Title of Program/Project		<b>CTE Use</b>	
		Program #	
Proposed Starting Date	Request Type		
	New Program	Transfer of Program Funding	
Fiscal Agent			
Address (City, State, Zip Code)			
Project Contact Person	Phone	Email Address	
Location of Project			
Address (City, State, Zip Code)			
<p>The signature assures that the applying agency does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws.</p> <p>Signature of authorized official of applicant organization verifies that the necessary legal authority to apply for and to receive funding for the proposed activity.</p>			
_____	_____	_____	
Authorized Official (Please print or type)	Title	Phone	
_____	_____	_____	
Email Address	Signature of Authorized Official	Date	

For instructional programs to be funded by the North Dakota Department of Career and Technical Education, please attach the following:

- A. A project description stating the intent of the project and how it aligns with the program standards of the CTE.
- B. A statement of need, which includes the methods by which the need was identified.
- C. A list of measurable project objectives.
- D. Funding Application Budget form (SFN 15275).

Note: The title of the proposed project must be listed at the top of each attached page.

CTE Use			
Approved	Disapproved	Amount	Percent
Comments _____			
_____			
_____			
_____			_____
Signature of Supervisor			Date