



GRANT OPPORTUNITY-APPROVAL TO APPLY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

COMMISSIONER'S OFFICE

SFN 101 (5-2025)

Instructions: Use the grant announcement to complete this form. Submit it to your division/section manager who will bring it to his/her executive policy director to discuss and forward on to the DHHS Commissioner's Office.

Grant Title	ALN/CFDA Number
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Sponsoring/Grantor Agency (Example: CMS)
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Date Released	Deadline to Apply	Award Start Date	DHHS Approval Date Needed
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Award Ceiling \$	DHHS Funding Request \$	Number of Awards Expected	Funding Source <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Other
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Briefly describe 1) the purpose of the grant, 2) how it will benefit ND, DHHS, and the clients DHHS serves, and 3) budget with narrative. (Attach additional sheet if more space is needed.)

Sustainability Requirement <input type="checkbox"/> No <input type="checkbox"/> Yes-Explain:	Additional FTE(s) needed? <input type="checkbox"/> No <input type="checkbox"/> Yes-Explain:
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Within Division's Budget Appropriation <input type="checkbox"/> No <input type="checkbox"/> Yes-Explain:

Match Required <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Type of Match <input type="checkbox"/> In-Kind <input type="checkbox"/> Other	Match Amount \$	Emergency Commission Action Required to be completed by CFO <input type="checkbox"/> No <input type="checkbox"/> Yes
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If match is required, how could DHHS secure the required match?

Division	Section	Unit/Program
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Governor Letter of Support required (if applicable) DHHS Commissioner Letter of Support or Cover Letter needed (provide draft)

List potential partners and their possible role(s). (Example: write grant, implement it, etc.)

Division/Section Contact Person	Telephone Number	Date
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Manager's Signature	Date
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Executive Policy Director's Recommendation

Comments

CFO's Signature	Date
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TO BE COMPLETED BY COMMISSIONER'S OFFICE

Approved to apply for this funding opportunity Other action

Comments

Commissioner's Office Representative's Signature	Date
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