# REQUEST FOR FUNDS

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
FISCAL MANAGEMENT
SFN 14660 (Rev. 01/2017)

| Requesting Agency | | Duns # | Project Number and Program Title (As it appears on Grant Award) | | |
|---|---|---|---|---|---|
| Contact Person | | | DPI Contact Person | | |
| Mailing Address | City | | State | ZIP Code | Telephone Number |
| Budget/Project Period (MM/DD/YYYY) | | Fiscal Year Final Request | Reporting Period of Expenditures for this Request (MM/DD/YYYY) | | |
| From | To | Yes ☐ No ☐ | From | | To |

| | |
|---|---|
| A. Total amount of award (including revisions and/or carry-over if applicable). | |
| B. Cumulative expenditures (expenditures from start of this budget/project period through the end of this reporting period). | |
| C. Unpaid obligations being claimed for payment* (*Must be zero on final request*). | |
| D. Prior payments received for this grant. | |
| E. *Amount of this request* = Line B, *plus* Line C, *less* Line D. | |
| F. Balance remaining = Line A, *less* Lines B and C. | |

*Unpaid obligations may include those items ordered but not yet received and items for which invoices have been received but checks have not been written. ***If this is federal program funds, funds for the unpaid obligations must be disbursed within 3 days of receipt of funds. The final request for funds may not include unpaid obligations.***

Reimbursement claims for funds expended ***through June 30*** of any year must be submitted to the Department of Public Instruction by ***July 15.***

This section to be completed ***only*** for requests submitted in ***July and August.***

1. Are all funds requested on Line E above for costs incurred prior to June 30? Yes ☐ No ☐
2. **If no**, please indicate the amount of the request which applies to the new fiscal year beginning July 1: $

Remarks

*By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.*

| Typed Name of Authorized Representative | Title | Telephone Number |
|---|---|---|
| Signature of Authorized Representative | | Date |

| Signature of DPI Representative | Date | Signature of DPI Grant Manager | Total Payment Approved $ | Class 20167 | Category |
|---|---|---|---|---|---|

| Speed Chart | Year | Dept. ID | Fund | Project ID/CFDA | Activity ID | Account | Payment Approved $ |
|---|---|---|---|---|---|---|---|
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