



GRANT AWARD

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
OFFICE OF FISCAL MANAGEMENT
SFN 14658 (08-2017)

Basic Information and Signatory Sheet

| | |
|---------------|----------------|
| Program Title | Program Number |
|---------------|----------------|

Grantor

| | |
|---|------------------------|
| Grantor Name and Address North Dakota Department of Public Instruction 600 E Boulevard Avenue Dept. 201, Bismarck ND 58505-0440 | Grantor Contact Person |
| Grantor Telephone Number | Grantor Email Address |

Grantee

| | | | |
|--------------------------|------------------------|---------------------|---------------------|
| Grantee Name | Grantee Contact Person | | |
| Grantee Telephone Number | Grantee Email Address | | |
| Grantee Address | Grantee City and State | Grantee ZIP Code +4 | Grantee DUNS Number |

Grant Award Information

| | | |
|--|--|--|
| Type of Award <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment Number | Project Period (MM/DD/YYYY) From To | Basis for Award <input type="checkbox"/> Proposal <input type="checkbox"/> Formula <input type="checkbox"/> Other |
|--|--|--|

Funding Source

| | | | |
|--|---|------------------------------|---|
| <input type="checkbox"/> Federal Award | FAIN Number | CFDA Number | Is this an R&D Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Federal Awarding Agency | Federal Award Date | |
| | CFDA Project Name/Description | | |
| | Total Amount to DPI under FAIN Number \$ | Indirect Cost rate for Award | |

Financial Information

| | | |
|--------------------------------|---|--|
| 1. Amount of Grant Award \$ | 2. Previous Funds Awarded for Project \$ | Total Funds Awarded (Box 1 plus Box 2) \$ |
| Remarks | | |

Evidence of Grantee's Acceptance *By signing this agreement, I agree to conduct this grant award within the guidelines issued by NDDPI and to abide by the requirements listed in the "Fiscal Requirements for Federal Programs" published by NDDPI and obtained on their website. A final invoice and performance report will be submitted within 30 days after project's end date.*

| | |
|---|------|
| Signature of Authorized Representative | Date |
| Typed Name of Authorized Representative | |

Evidence of Grantor's Acceptance

| | |
|--|------|
| Signature of DPI Unit Director | Date |
| Typed Name of DPI Unit Director | |
| Signature of DPI Assistant Superintendent | Date |
| Typed Name of DPI Assistant Superintendent | |
| Signature of DPI Grant Manager | Date |

| Speed Chart | Year | Class | Dept.ID | Fund | Project | Activity | Account | Category |
|-------------|------|-------|---------|------|---------|----------|---------|----------|
|-------------|------|-------|---------|------|---------|----------|---------|----------|