



GRANT OPPORTUNITY-APPROVAL TO APPLY

DEPARTMENT OF HEALTH AND HUMAN SERVICES

COMMISSIONER'S OFFICE

SFN 101 (7-2024)

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		CFDA Number	
Sponsoring Agency (Example: CMS)			
Date Released		Deadline to Apply	
Award Ceiling \$	DHHS Funding Request \$		Number of Awards Expected
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:	
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 <input type="checkbox"/> No <input type="checkbox"/> Yes to be completed by CFO
If <u>match is required</u> , how could DHHS secure the required match?			
<input type="checkbox"/> Governor Letter of Support required <input type="checkbox"/> 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
<input type="checkbox"/> Approved by Manager <input type="checkbox"/> Not Approved by Manager			
Manager's Signature			Date
Executive Policy Director's Recommendation			
<input type="checkbox"/> DHHS Chief Financial Office (CFO) or designee has reviewed match requirement information <input type="checkbox"/> CFO Approves			
Comments			
CFO's Signature			Date

TO BE COMPLETED BY COMMISSIONER'S OFFICE

☐ Approved to apply for this funding opportunity ☐ Other action

Comments	
Commissioner's Office Representative's Signature	Date