north dakota department of human services

GRANT OPPORTUNITY-APPROVAL TO APPLY

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
EXECUTIVE OFFICE
SFN 101 (1-2012)

Clear Fields

Instructions: Use the grant announcement to complete this form. Submit it to your division manager who will bring it to his/her Cabinet Lead to discuss and forward on to the DHS Executive Office.

Grant Title	CFDA Number

Sponsoring Agency (Example: CMS)

Date Released	Deadline to Apply

Award Ceiling	DHS Funding Request	Number of Awards Expected
$	$	

Briefly describe 1) the purpose of the grant, 2) how it will benefit ND, DHS, and the clients DHS serves, and 3) budget with narrative. *(Attach additional sheet if more space is needed.)*

Sustainability Requirement	Additional FTE(s) needed?
☐ Yes ☐ No If Yes, explain:	☐ Yes ☐ No If Yes, explain:

Match Required	If Yes, type of match	Match Amount	Emergency Commission Action Required
☐ Yes ☐ No	☐ In-Kind ☐ Other	$	☐ Yes ☐ No to be completed by CFO

If match is required, how could DHS secure the required match?

☐ Governor Letter of Support required ☐ DHS Executive Director Letter of Support or Cover Letter needed (provide draft)

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

Division Contact Person	Telephone Number	Date

☐ Approved by Manager ☐ Not Approved by Manager

Manager's Signature	Date

Cabinet Lead's Recommendation

☐ DHS Chief Financial Office (CFO) or designee has reviewed match requirement information ☐ CFO Approves

Comments	
CFO's Signature	Date

TO BE COMPLETED BY EXECUTIVE OFFICE

☐ Approved to apply for this funding opportunity ☐ Other Action

Comments	
Executive Office Representative's Signature	Date