

## **ENERGY CONSERVATION GRANT APPLICATION**

NORTH DAKOTA DEPARTMENT OF COMMERCE **DIVISION OF COMMUNITY SERVICES** SFN 59236 (02-2024)

ORGANIZATION INFORMATION					
Applicant Organization Name	Project N	Project Name		Date of Application	
Address	City		State	ZIP Code	
Primary Contact	Title	Title		Fax	
E-mail	Telepho	Telephone			
Individual Signing The Agreement	Title	Title			
E-mail	Telepho	Telephone			
BUDGET INFORMATION					
Total Project Budget		Amount Requested			
Proposed Start Date Project Duration		Project Duration			
A 50% match is required for this progra	m				
Project Associated Expense			Estimated Cost		
Total					

### PROJECT DESCRIPTION

FROSEGI DESCRIFTION					
Describe your project in detail. Describe the building in your project, the changes to be made, and the year each was built.					
Describe the results you expect from your project.					
Describe the results you expect from your project.					
Does your project involve retrofitting a building that's been placed on the National Historic Register or is 50	Yes	No			
years old or older? *If yes, the State Historical Society must complete a Section 106 Clearance Form.	res	INU			
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I, the undersigned authorized representative of the applicant, certify that to the best of my knowledge the information in the application is true and correct. I also certify that the applicant shall maintain accounting records in accordance with generally accepted governmental accounting principles and that the funs awarded will be included in those audits or financial statements. I further certify that the applicant represents a political subdivision within the State of North Dakota and will comply with all local, state and federal laws and regulations, including but no limited to the State Health Department's requirements for solid waste management and the EPA's Renovation, Repair and Paining Rule. I also certify that the applicant is in good financial standing and has no delinquencies on existing North Dakota State Government grants or loans.

Authorized Signature	Name (Please Print)
Title	Date

# Submit a completed application and supporting documents to:

E-mail:

hayescameron@nd.gov

Mail:

North Dakota Department of Commerce Department of Community Services PO Box 2057 Bismarck, ND 58502-2057

#### If you have questions, please contact:

Cameron Hayes ND Department of Commerce Department of Community Services

Email: <a href="mailto:hayescameron@nd.gov">hayescameron@nd.gov</a>
Phone: 701-328-6868