

GOVERNOR'S FUND

NORTH DAKOTA DEPARTMENT OF COMMERCE

DIVISION OF COMMUNITY SERVICES

SFN 53734 (11/17)

Governor's Fund for Community Development	
Business/Project Name	
Project Description	
Location	
Total Cost of Project	
CDBG Amount from Regional Allocation	
CDBG Amount from Governor's Set-Aside	
CDBG Administration Amount (see Section V of the CDBG PDS for guidelines)	
Total CDBG	
Will the business/project create jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many within the first three years of funding? _____ How many jobs will be available to low-to-moderate-income persons? _____	
Is the business viable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the positive impact of the project on the community and state.	
Jodi Uecker/Jodee Hanson, Governor's Office x	Date
This commitment expires on:	Initials

Expected Sources and Uses for Funds

Source of Funds*	Amount	Use of Funds*	Amount	Funding Type	Committed
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Total:					

*** The Source of Funds dollar amount should equal the Use of Funds dollar amount. If there are multiple uses for the same source of funds, break those out separately as needed. Attach additional documentation as needed.**

Please explain the cities/counties current financial status and need for this funding:

Were there other sources of funding that you applied for but did not receive? Yes No
 If yes, please explain and attach documentation of rejection letters:

Please provide a description of efforts to secure other funding sources. Please explain, if applicable, why other funding sources are not feasible for this project:

Please attach the following documentation:

- Detailed City/County financial statements to include balance sheet and income statement
- Preliminary engineering/architectural report
- Map of project area (if applicable)
- Other pertinent documentation (ND Department of Health letter, NDDOT letter, etc.)