

**ND WORKFORCE ENHANCEMENT GRANT
REQUEST FOR FUNDS**

NORTH DAKOTA DEPARTMENT OF COMMERCE/WFD
SFN - 59313 (01/11)

Department of Commerce
Workforce Development Division
1600 East Century Avenue, Suite 2
P.O. Box 2057
Bismarck, ND 58502-2057

Section 1

Contractor Name	Program Title		Contract Number
Address	City	State	ZIP Code
Telephone Number	Email Address		

Section 2 Requested Cost Reimbursement for Allowable Activities this Invoice:

Curriculum development	\$
Equipment	\$
Participant recruitment	\$
Training/instructor certification	\$
Total	\$

Section 3

Dates Covered by Request for Reimbursement

From _____ To _____

Section 4

Expenditures Claimed Today (a)	Cumulative Expenditures Claimed (b)	Contract Budget (c)	Match Reported Today (d)	Cumulative Match Reported (e)
\$	\$	\$	\$	\$

Contractor certifies that the obligations of this contract have been fulfilled in accordance with the amount of funding requested:

Authorized By	Title	Date
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Workforce Development Authorization:

Authorized By	Title	Date
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INSTRUCTIONS

Section 1:

Enter requested information.

Section 2:

Enter the amounts incurred and being requested under those categories approved in the contract.
NOTE: Contractor must maintain all documentation to support request for funds and have documentation available for onsite review.

CURRICULUM DEVELOPMENT:	Enter amount requested this invoice
EQUIPMENT:	Enter amount requested this invoice
PARTICIPANT RECRUITMENT:	Enter amount requested this invoice
TRAINING/INSTRUCTOR CERTIFICATION:	Enter amount requested this invoice
TOTAL:	Enter total sum from above amounts

Section 3:

DATES CLAIMED BY REQUEST FOR REIMBURSEMENT

Enter the start and end dates of the costs incurred for which reimbursement is being requested.

Section 4:

(a) EXPENDITURES CLAIMED TODAY:	Enter total requested from Section 2-Total.
(b) CUMULATIVE EXPENDITURES CLAIMED:	Enter total from above and total from previous invoices submitted.
(c) CONTRACT BUDGET:	Enter the total contract budget from the contract.
(d) MATCH REPORTED TODAY:	Enter the total for match applied to this request. Match received must equal or exceed funds requested.
(e) CUMULATIVE MATCH REPORTED:	Enter the total of Row (d) plus previous match applied to requests for reimbursement.
AUTHORIZED SIGNATURE:	Signature from contract signor or authorized agent.

SEND THE COMPLETED REQUEST FOR FUNDS TO:

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Workforce Development Division
1600 East Century Avenue, Suite 2
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