

WORKFORCE ENHANCEMENT GRANT APPLICATION

ND DEPARTMENT OF COMMERCE

SFN 59971 (6/11)

Title of Project	Proposal Start Date	Proposal End Date	
Institution of Higher Education			
Telephone Number	Fax Number	Email Address	
Address	City	State	ZIP Code

Project Synopsis		
President	Telephone Number	FEIN

Signature of agent authorized to sign State Form Number (SFN) 59313
"Workforce Enhancement Grant Request for Funds"

Name (Please Print)	Title	
Signature		Date