

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission		*2. Type of Application
<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision
		*If Revision, select appropriate letter(s): A, C * Other (Specify) A, C
*3. Date Received:		4. Application Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier: 38-50-M09050
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
* a. Legal Name: State of North Dakota, Information Technology Department		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 45-0309764		*c. Organizational DUNS: 073131823
d. Address:		
*Street1: 600 East Boulevard Ave Street 2: *City: Bismarck County: Burleigh *State: ND Province: Country: USA		
*Zip/ Postal Code: 58505-0100		
e. Organizational Unit:		
Department Name: Information Technology Dept		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: Dr. Middle Name: *Last Name: Feldner Suffix:		First Name: Lisa
Title: Chief Information Officer		
Organizational Affiliation:		
*Telephone Number: 701-328-3190		Fax Number: 701-328-0301
*Email: lfeldner@nd.gov		

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9. Type of Applicant 1: Select Applicant Type: **A. State Government**

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

Department of Commerce

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*12. Funding Opportunity Number: **0660-ZA29**

*Title: **Recovery Act - State Broadband Data and Development Grant Program**

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

All cities, counties, and tribal entities in the State will be included in the creation of a comprehensive statewide broadband map.

*15. Descriptive Title of Applicant's Project:

North Dakota Broadband Mapping Project

Attach supporting documents as specified in agency instructions.

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16. Congressional Districts Of:

*a. Applicant ND-001

*b. Program/Project: ND-all

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

*a. Start Date: 12/27/2009

*b. End Date: 12/27/2014

18. Estimated Funding (\$):

*a. Federal \$2,050,333.00

*b. Applicant

*c. State

\$543,928.00

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

\$2,594,261.00

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

- Yes
- No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

**I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Dr.

*First Name: Lisa

Middle Name: M.

*Last Name: Feldner

Suffix:

*Title: Chief Information Officer

*Telephone Number: 701-328-3190

Fax Number: 701-328-0301

*Email: lfeldner@nd.gov

*Signature of Authorized Representative:

Date Signed:

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***Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY						
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SBDD	11.558	\$	\$	\$ 2,050,333.00	\$ 543,928.00	\$ 2,594,261.00
2.						0.00
3.						0.00
4.						0.00
5. Totals		\$ 0.00	\$ 0.00	\$ 2,050,333.00	\$ 543,928.00	\$ 2,594,261.00
SECTION B - BUDGET CATEGORIES						
6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY					Total (5)
	(1)	(2)	(3)			
a. Personnel	\$ 120,393.00	\$ 150,381.00	\$	\$	\$	\$ 270,774.00
b. Fringe Benefits	51,597.00	64,449.00				116,046.00
c. Travel	40,000.00					40,000.00
d. Equipment						0.00
e. Supplies						0.00
f. Contractual	1,341,500.00					1,341,500.00
g. Construction						0.00
h. Other	310,449.00	329,098.00				639,547.00
i. Total Direct Charges (sum of 6a-6h)	1,863,939.00	543,928.00		0.00	0.00	2,407,867.00
j. Indirect Charges	186,394.00					186,394.00
k. TOTALS (sum of 6i and 6j)	\$ 2,050,333.00	\$ 543,928.00	\$	\$ 0.00	\$ 0.00	\$ 2,594,261.00
7. Program Income		\$	\$	\$	\$	\$ 0.00

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Standard Form 424A (Rev. 7-97)
Prescribed by OMB Circular A-102

Previous Edition Usable

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. SBDD	\$	\$ 543,928.00	\$	\$ 543,928.00	
9.				0.00	
10.				0.00	
11.				0.00	
12. TOTAL (sum of lines 8-11)	\$ 0.00	\$ 543,928.00	\$ 0.00	\$ 543,928.00	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 0.00	\$	\$	\$	\$
14. Non-Federal	0.00				
15. TOTAL (sum of lines 13 and 14)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (Years)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. SBDD	\$	\$	\$	\$	
17.					
18.					
19.					
20. TOTAL (sum of lines 16-19)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: \$1,863,939		22. Indirect Charges: \$186,394			
23. Remarks:					