



**ND HIGHER EDUCATION CHALLENGE FUND APPLICATION**  
 NORTH DAKOTA UNIVERSITY SYSTEM  
 SFN 60473 (5-2017)

Date Submitted	Name of College or University		
Name of Contact		Daytime Telephone Number	Email Address
Name of Project			
Description of Project			
Briefly explain how this project advances the academic mission of the institution.			
Project is advancing academics through:			
Research		Scholarships	Technology
		Endowed Chair(s)	Educational Infrastructure
Total Project Amount		Total Private/Nonprofit Donation	
		Pledge Amount	Cash Amount
State Grant Request		Other Sources (if applicable)	
If the donation is provided in the form of a pledge, please provide a detailed cash flow schedule.			
Please provide documentation for the following: Community support, Student support, Private or nonprofit donation (Names may be redacted at the request of anonymous donors).			

I certify that our Institution is compliant with [N.D.C.C. §§ 15-10-48 & 15-10-49](#) and qualifies for matching funds under the North Dakota Higher Education Challenge Grant Fund program.

President of Institution Signature		Date
Date of Committee Review		Budget Section Approval Required
		Yes                      No
Date Scope Approved	Date Scope Denied	Date of Budget Section Approval Granted

Submit completed form and all documentation to:  
[mindy.sturn@ndus.edu](mailto:mindy.sturn@ndus.edu)

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