



**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:			
<div>Research      Scholarships      Technology      Endowed Chair(s)      Educational Infrastructure</div>			
Total Project Amount		Total Private/Nonprofit Donation	
		Pledge Amount	Cash Amount
State Grant Request		Other Sources (if applicable)	
Please attach application support template.			

I certify that our Institution is compliant with [N.D.C.C. §§ 15-10-48 through 15-10-53](#) and qualifies for matching funds under the North Dakota Higher Education Challenge Grant Fund program.

President of Institution Signature

Date

Date of Committee Review
Date Scope Approved

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

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