

**CENTERS OF EXCELLENCE DISBURSEMENT REQUEST**  
**NORTH DAKOTA DEPARTMENT OF COMMERCE**  
 SFN 59510 (01-16)

**Instructions:** The Disbursement Request Form must be completed to initiate any and all disbursements of award funds. Upon its satisfactory review of the request, the Commission will direct the North Dakota Department of Commerce to issue the appropriate disbursement of Centers of Excellence award funds.

**All Disbursement Requests:** When making disbursement requests, a center must demonstrate private sector participation and availability of statutorily required matching funds. All necessary supporting documentation must be attached to this form.

**First Disbursement:** All additional funding conditions were placed upon a center at the time of approval must be met prior to requesting a distribution. Attach supporting documentation.

**Subsequent Disbursements:** In addition to private sector participation and availability of statutorily required matching funds, the Centers of Excellence Commission will consider the amount of statutorily required matching funds already received by a center making a disbursement request. Attach documentation of any matching funds received since the center's latest functional review.

**NOTE:** If this disbursement request represents a deviation from the center's budget and/or timeline, a revised budget and budget narrative must also be provided.

**Submission:** Disbursement Request Forms are to be submitted electronically to the North Dakota Department of Commerce at [researchND@nd.gov](mailto:researchND@nd.gov).

Program: <input type="checkbox"/> COE <input type="checkbox"/> CORE <input type="checkbox"/> LD-CAP <input type="checkbox"/> Research ND <input type="checkbox"/> Research ND BIO <input type="checkbox"/> Fast Track <input type="checkbox"/> Venture Grant Phase I <input type="checkbox"/> Venture Grant Phase II <input type="checkbox"/> Enhancement <input type="checkbox"/> Base Realignment
--

Center/Project Name		
Amount of Disbursement Request	Award Funds Received to Date	
Award Funds Spent to Date	Total Matching Funds Received to Date	Total Matching Funds Anticipated

This Disbursement Request Form is a formal request of the Centers of Excellence Commission to direct the North Dakota Department of Commerce to issue the disbursement described above to the center identified above. I certify that the information contained herein this request is accurate to my knowledge. I further certify that I am an authorized signor for the institution making the disbursement request.

Authorized Signature/Title	Printed Name	Date
PI/Center Director Signature	Printed Name	Date

**Send payment to:**

Name	Mailing Address	
City	State	ZIP Code