



**REQUEST FOR FUNDS AUTHORIZATION**  
 NORTH DAKOTA DEPARTMENT OF COMMERCE  
 SFN 52477 (12-2024)

VENDOR INFORMATION		
Vendor Name	Vendor Account Number	
Address		
City	State	Zip Code
Contact Name (Please print or type)		Telephone Number
E-Mail Address		

Program (Please check one) <input type="checkbox"/> CDBG* <input type="checkbox"/> Americorps <input type="checkbox"/> Other _____
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\*NOTE: For CDBG, please refer to the manual about the requirement for a non-interest bearing account in Section 5 page 5.1.

Signature of Authorized Request for Funds Signer	Printed Name of Authorized Request for Funds Signer	Date
Signature of Authorized Request for Funds Signer	Printed Name of Authorized Request for Funds Signer	Date
Signature of Authorized Request for Funds Signer	Printed Name of Authorized Request for Funds Signer	Date
Signature of Authorized Request for Funds Signer	Printed Name of Authorized Request for Funds Signer	Date

I certify that the signatures above are of the Individuals Authorized to Draw for the Request for Funds.  
 Note: The Certifying Official cannot be one of the above signatures.

Signature of Certifying Official (Grantee)	Date
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**STATE AGENCIES REQUESTING VENDOR INFORMATION**

Send completed form to:  
 Department of Commerce  
 PO Box 2057  
 Bismarck, ND 58502-2057  
 Telephone: 701-328-5300  
 Fax: 701-328-5320

Approved By DOC

Location Name