



INTEROPERABILITY ASSISTANCE PROGRAM (IAP) GRANT APPLICATION

STATE OF NORTH DAKOTA
NORTH DAKOTA HEALTH INFORMATION NETWORK
SFN 61839 (7-2020)

Please direct questions to ndhin@nd.gov

Application Date	Legal Name of Organization		
Name of Contact Person		Title	
Address	City	State	ZIP Code
Email Address		Telephone Number	

Milestone 1 Title	
Purpose	
Amount Requested (numeric only)	Total Estimate Project Cost (numeric only)

Milestone 2 Title	
Purpose	
Amount Requested (numeric only)	Total Estimate Project Cost (numeric only)

Milestone 3 Title	
Purpose	
Amount Requested (numeric only)	Total Estimate Project Cost (numeric only)

Project Goals	
Estimated Project Start Date	Estimated Project End Date
Organization Chief Executive Officer Signature	

FOR INTERNAL NDHIN USE ONLY

Review Date	Decision <input type="checkbox"/> Approve <input type="checkbox"/> Deny	NDHIN Director Signature
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