



ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF INTERGOVERNMENTAL SERVICES
1515 West 7th Street, Suite 404
P. O. Box 8031
Little Rock, Arkansas 72203

STATE SET-AISDE FUNDING FOR DRUG TASK FORCES
SPECIAL AWARD

DFA/IGS ONLY

REVIEWED DATE: _____

APPROVED DATE: _____

AADACC APPROVED [Y/N] _____

STAFF INITIALS: _____

SUBGRANT NO: _____

SPENDING PLAN

DTF Name
Mailing Address/City/Zip Code
Point of Contact (POC) Name
POC Information: Phone Number/Email Address

[Redacted area]

Briefly describe the proposed use of the Special Award funding. Include specific statements regarding how your proposed use will be documented, tracked, and reported to DFA-IGS.