

## state of arkansas Department of Finance and Administration

## PLEASE COMPLETE AND RETURN ONLY WHEN YOUR PROJECT HAS BEEN APPROVED FOR FUNDING

Applicant:	County:
Project Name a	nd Description:
Number Assian	ed by Clearinghouse: AR
	Phone:
	<u> </u>
	Date:
Check one:	Grant Loan Both
Check one:	New Continuation Revision
Federal	\$
State	\$
Local	\$
Other	\$
Total	\$
Name:	Title: (Full Name)
	Date: