



STATE OF ARKANSAS
**Department of Finance
 and Administration**

Office of Intergovernmental Services

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Institution of Higher Education Quarterly Project Report to State Clearinghouse

Fiscal Year: 20

1st Qtr 2nd Qtr 3rd Qtr 4th Qtr

Name of Institution:

Project Title:

Contact Person:

Address:

Phone:

City:

State:

Zip code:

Type of Award: Grant Contract Cooperative Agreement _____

Construction: Yes No

Equipment: Yes No

Institutional Control Number:

Funding Agency:

Starting Date:

Ending Date:

Type of Award: New Continuation Revision Renewal

FUNDING:

Federal

Applicant

State

Other

TOTAL

Areas affected by Project: