



**ARKANSAS RECOVERY AND REINVESTMENT ACT  
COMPLIANCE AND MONITORING REPORT**



<b>1. DATE SUBMITTED:</b>	<b>2. ARRA CFDA PROGRAM NAME &amp; NUMBER:</b>	<b>3. ARRA STATE AGENCY CONTROL NUMBER</b> <i>(i.e. AASIS Project Definition)</i>	<b>4. ARRA CLEARINGHOUSE NO.</b> <i>(clearinghouse use only):</i>
<b>5. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>		<b>6. STATEWIDE PROGRAM</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>7. RECIPIENT DUNS:</b>	<b>8 CCR #:</b>	<b>9. RECIPIENT CONGRESSIONAL DISTRICT:</b> ONE <input type="checkbox"/> TWO <input type="checkbox"/> THREE <input type="checkbox"/> FOUR <input type="checkbox"/>	
		<b>10. AFFECTED COUNTY(IES):</b>	
<b>11. RECIPIENT NAME:</b>		<b>13. ORGANIZATIONAL UNIT</b>	
		A. DEPARTMENT:	
		B. DIVISION:	
<b>12. ADDRESS STREET:</b>		<b>14. NAME AND TELEPHONE NUMBER OF PERSON TO BE CONTACTED ON MATTERS INVOLVING THE PROJECT:</b> <i>(GIVE AREA CODE)</i>	
		PREFIX:	FIRST NAME:
<b>CITY:</b>		MIDDLE NAME:	
<b>COUNTY:</b>		LAST NAME:	
<b>STATE:</b>	<b>ZIP CODE:</b>	SUFFIX:	
<b>COUNTRY:</b>		E-MAIL:	
<b>15. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> -		PHONE NUMBER <i>(GIVE AREA CODE)</i> - -	FAX NUMBER <i>(GIVE AREA CODE)</i> - -
<b>16. TYPE OF APPLICATION:</b> <input type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION		<b>17. TYPE OF APPLICANT:</b>	
<b>19. FUNDING:</b>		<b>18. NAME OF FEDERAL AGENCY:</b>	
<b>SOURCE</b>	<b>AMOUNT</b>	<b>20. TYPE OF GRANT:</b> <input type="checkbox"/> BLOCK <input type="checkbox"/> FORMULA  <input type="checkbox"/> COMPETITIVE <input type="checkbox"/> DISCRETIONARY	
A. FEDERAL	\$ .00		
B. STATE	\$ .00		
C. LOCAL	\$ .00		
D. OTHER <i>(SPECIFY)</i>	\$ .00		
E. PROGRAM INCOME	\$ .00		
F. TOTAL FUNDING	\$ .00	<b>21. PROJECT EXPENDITURE AMOUNT:</b> \$ .00	
<b>22. CONSTRUCTION PROJECT ADDRESS</b>			
<b>STREET:</b>		<b>CITY:</b>	
<b>COUNTY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>	
<b>23. PROJECT SUMMARY: (ATTACH ADDITIONAL PAGES AS NEEDED)</b>			