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| **NAME OF AGENCY/ORGANIZATION** |

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| **APPLICANT’S DISCLOSURE OF OTHER COVID-19 FUNDING** | | | |
| Each applicant is to disclose whether it has (or is proposed as a subrecipient under) any pending applications for federally/state funded grants or cooperative agreements that (1) include requests for funding to support the same project being proposed in the application under the solicitation, **and** (2) would cover any identical cost items outlined in the budget submitted to DFA-IGS as part of the application under the solicitation. The applicant is to disclose applications for funding made directly to federal/state awarding agencies or funds received from a federal/state agency.  DFA-IGS seeks this information to help avoid inappropriate duplication of funding. Leveraging multiple funding sources in a complementary manner to implement comprehensive programs or projects is encouraged and is not seen as inappropriate duplication.  Each applicant that has one or more pending applications or has received funding as described above must provide the following information below about each pending application submitted or funding received within the last 12 months. Please include any awards from Arkansas Department of Finance and Administration-Intergovernmental Services (DFA-IGS). Please denote if funds are pending or have been awarded/expended. | | | |
| Name of Funding Source-State/Federal | Funding Source: Contact Name and Phone Number | Amount Pending/Awarded/Expended | Purpose of Funding |
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| I certify as the applicant that there are no pending applications as described above. As the applicant we do not have (and is not proposed as a subrecipient under) any pending applications submitted within the last 12 months for federally/state funded grants or cooperative agreements (or for subawards under federal grants or cooperative agreements) that request funding to support the same project being proposed in this application to DFA-IGS and that would cover any identical cost items outlined in the budget submitted as part of this application or received any funding for COVID19 related costs. | |
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| **AUTHORIZED OFFICIAL SIGNATURE** | **DATE** |
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| **FISCAL OFFICER/TREASURER SIGNATURE** | **DATE** |