



Department of Finance and Administration

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State Clearinghouse

Grant Award Notification

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

Applicant: _____ County: _____

Project Name and Description: _____

Grant ID Number: _____ Year: _____
(State Agency Only) (State Agency Only)

Number Assigned by Clearinghouse: AR _____

Contact Person: _____ Phone: _____

Funding Agency: _____

Project Starting Date: _____

Check one: Grant Loan Both

Check one: New Continuation Revision

Federal \$ _____ Federal \$ _____

State \$ _____ State \$ _____

Local \$ _____ Local \$ _____

Other \$ _____ Other \$ _____

Total \$ _____ Total \$ _____

Name: _____ Title: _____
(Full Name)

Date: _____