## STATE OF ARKANSAS Department of Finance and Administration

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https://www.dfa.arkansas.gov/intergovernmental-services

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

Applicant:		County:		
Project Name and De	escription:			
Number Assigned by (	Clearinghouse: AR	<u> </u>		
		Phone:		
Funding Agency:				
Check one:	Grant	Loan	Both	
Check one:	New	Continuation	Revision	
Federal \$				
State \$				
Local \$				
Other \$				
Total \$				
Name:		Title:		
(	Full Name)			