

ACEDP GRANT APPLICATION

Cover Page

NATIONAL OBJECTIVE (CHECK ONE):

- Benefit LMI Person
- Eliminate Slum or Blight
- Urgent Need

APPLICATION TYPE:

- Child Care Center
- Public Health
- Senior Center

ED Set-Aside

- Loan-to-Industry
- Building/Infrastructure
- General Assistance

I. APPLICANT INFORMATION

Applicant Name: _____

Mayor/County Judge Name and Title: _____

Address (*Physical and P.O. Boxes please*): _____

City/State/Zip Code **plus 4:** (*can be found at www.usps.com*) _____

Phone: (_____) _____ - _____

Email: _____

County: _____

DUNS# _____ Tax ID#: 71- _____

II. PREPARER INFORMATION

Preparer Name: _____

Company/PDD Name: _____

Address (*Physical and P.O. Boxes please*): _____

City/State/Zip Code: _____

Phone: (_____) _____ - _____

Email: _____

County: _____

III. PROJECT INFORMATION

Project Scope: _____

Project Type (Refer to Project ID List): _____

Project Address (*NO P.O. Boxes please*): _____

City/State/Zip Code **plus 4:** (*can be found at www.usps.com*) _____

County: _____

IV. PROJECT SUMMARY

(BRIEFLY DESCRIBE THE ACTIVITIES TO BE UNDERTAKEN FOR THE PROJECT):

*Please list all infrastructure activities:

V. TYPE OF APPLICANT (CHECK ONE):

City

County

Joint*

**All joint applications must be accompanied by cooperative agreements between all jurisdictions applying for funds in the application. See "Application Guidelines" for joint application procedures*

*List Minor Parties:

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VI. EO BENEFIT INFORMATION

Total **families** served to be served: _____
 *Total **persons** to be served/jobs created: _____
 Total LMI **families**: _____
 Total LMI **person/job**: _____

Ethnicity Breakdown:

	Race	Hispanic	
a. White/Caucasian	_____	_____	(a)
b. Black/African American	_____	_____	(b)
c. Asian	_____	_____	(c)
d. American Indian/Alaskan Native	_____	_____	(d)
e. Native Hawaiian/other Pacific Islander	_____	_____	(e)
f. American Indian/Alaskan Native and White	_____	_____	(f)
g. Asian and White	_____	_____	(g)
h. Black/African American and White	_____	_____	(h)
i. American Indian/Alaskan Native and Black/African American	_____	_____	(i)
j. Other Multi-Racial	_____	_____	(j)
Total(s)	_____	_____	

NOTE: Every person should be represented in the "Race" column (a. thru k.). The "TOTAL" should equal the "Total persons served" at the top of the page.

Total **female** head of households: _____
 Total **elderly** persons: _____
 Total **handicapped** persons: _____

VII. STATE/U.S. REPRESENTATION INFORMATION

State Senator(s)/District(s): _____

 State Representative(s)/District(s): _____

 U.S. Congressional District: _____

VI. EO BENEFIT INFORMATION (CONTINUED)

LMI Percentage (%): _____
 (*LMI Persons/Total Persons=LMI Percentage)

Source of Information: _____

County Code: _____
 Census Tract: _____
 Block Group(s): _____

Income Levels

Extremely Low: _____
 Low: _____
 Moderate: _____
 Non-LMI: _____

**All information concerning LMI census numbers must be filled out for accurate information for your community and/or service area of the project. If you are uncertain how to secure these figures, please talk with an AEDC Grants Division Staff member.*

VIII. TOTAL PROJECT BUDGET (LIST SOURCES OF FUNDS):

a) ACEDP	\$	_____
b) Local	\$	_____
c) _____	\$	_____
d) _____	\$	_____
e) _____	\$	_____
TOTAL	\$	_____

Comments on Funding/Budget: _____

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IX. PROJECT INFORMATION

- a) Estimate the number of consecutive calendar days for construction: _____
- b) Enter the square footage of the proposed building (if applicable):
 Renovation: _____
 New Construction: _____
 Total Square Feet: _____
- c) List all parcels of land to be acquired for the project (donated and/or fee simple). Include size references for these parcels (if applicable):

- d) Estimated number of easements (donated and/or acquired) needed for this project: _____

X. CERTIFICATION OF CHIEF ELECTED LOCAL OFFICIAL

To the best of my knowledge and belief, all data contained in this application is true and correct and its submission has been duly authorized by the governing body. I understand that if the application is found to contain significant misinformation or deviates significantly from the integrity of the ACEDP application process, this application will be automatically eliminated from further consideration for funding.

Signature: _____ Title: _____
 Typed Name: _____ Date: _____

CONTACT INFORMATION	<p>ARKANSAS ECONOMIC DEVELOPMENT COMMISSION GRANTS MANAGEMENT DIVISION 900 W. CAPITOL AVENUE, SUITE 400 LITTLE ROCK, ARKANSAS 72201 PHONE: 501-682-7389 FAX: 501-682-7499 JNOBLE@ARKANSASEDC.COM ARKANSASEDC.COM/GRANTS</p>	CONTACT INFORMATION
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