### (REQUIRED BY STATE AGENCIES ONLY)

## STATE CLEARINGHOUSE APPLICATION SUPPLEMENT

(Form CH 2)

1.	If this is a "NOTIFICATION OF INTENT" to apply or a Pre-Application, Please Check this box and indicate GRANT I. D. assigned.						
2.	GRANT I. D ( 8) If this is an actual GRANT APPLICATION, please check this box , and indicate GRANT I. D. assigned. GRANT I. D. (8)						
	*NOTE: If a NOTIFICATION OF INTENT or PREAPPLICATION has been previously submitted, use that I. D. to complete ITEM 2 and indicate SAI# that was assigned to the NOI or PREAPP.						
3.	SAI # (8) If this is an application for SUPPLEMENTAL FUNDS or is a REVISION, please indicate original GRANT I. D. AND SAI # to which it applies.  GRANT I. D (8) SAI # (8)						
4.	GRANT YEAR						
5.	GRANT START DATE	GRANT END DATE	(mo./day/yr.)				
6.	APPLICANT (AGENCY) CODE (7) (see Applicant Code List)						
7.	GRANTOR CODE (5) (see Grantor Code List)						
8.	ORGANIZATION UNIT						
9.	FUNDING PERCENTAGE REQUIREMENTS: FEDERAL% STATE% OTHER%						
10. 11.	TYPE OF ASSISTANCE (A THROUGH P) (see instructions on previous page METHOD OF FUNDING						
	<ul> <li>1. Advance by Treasury Check</li> <li>2. Reimbursement by Treasury Check</li> <li>3. Advance by Letter of Credit</li> <li>4. Reimbursement by Letter of Credit</li> </ul>						
12.	Federal Funds for this GRANT will be received directly from (CHECK ONE)  A Federal Agency Another State Agency Other Source						
13.	**If source is Other please sp Do you have an INDIRECT C		□ NO				
14.	If Yes, is the rate being applied	ed to this project? TYES	NO				
15.	A. DIRECT COST BASE	B. INDIRECT COST RATE	C. INDIRECT COSTS CLAIMED*				
	\$	%	\$				
	D. EXPLANATION*						
		GRANT COORDIN	ATOR Full Name				
	AGENCY						
		DATE					

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# STATE CLEARINGHOUSE APPLICATION SUPPLEMENT INSTRUCTIONS (Form CH 2)

- Self Explanatory
- Self Explanatory
- 3. Self Explanatory

Note: Grant I. D.'s are assigned by the agency submitting the application. Care should be taken to ensure that only one (1) Grant I. D. is assigned to any project. All Notifications of Intent, Preapplications, Revisions and Supplemental applications for one grant project for the fiscal year should have the same Grant I. D. Up to eight digits may be used.

- 4. <u>Grant Year</u>: This two-digit field is considered to be part of the grant identifier and is used to help keep the Grant I. D. unique. The federal fiscal year in which the grant starts is usually entered here.
- 5. <u>Grant Start Date</u>: Month, day and calendar year in which the grant or project will begin. <u>Grant End Date</u>: Month, day and calendar year in which the grant or project will end.
- 6. <u>Applicant Code</u>: Use your agency's three-digit agency code as listed in the applicant code list. If you are not a state agency, use the appropriate applicant code from the applicant code list.
- 7. <u>Grantor Code</u>: List the code of the state or federal agency from which you will <u>directly</u> receive the grant funds.
- 8. <u>Organization Unit</u>: If you are receiving the grant directly from a federal agency, list the local, regional or programmatic unit making the award. For example, OHD is an organizational unit of DHEW.
- 9. Funding Percentage Requirements: Percent of total funds that are federal, state or other.
- 10. Type of Assistance: (A) Formula Grants; (B) Project Grants; (C) Direct Payments for Special Use; (D) Direct Payment with Unrestricted Use; (E) Direct Loans; (F) Guaranteed/Insured Loans; (G) Insurance; (H) Sale, Exchange or Donation of Property and Goods; (I) Use of Property, Facilities of Equipment; (J) Provision of Specialized Services; (K) Advisory Services and Counseling; (L) Dissemination of Technical Information; (M) Training; (N) Investigation of Complaints; (O) Federal Employment and (P) Research Contracts.
- 11. Self Explanatory
- 12. Self Explanatory
- 13. Self Explanatory
- Self Explanatory
- 15. A. What is the dollar base your Indirect Cost Ratio is determined from? Either Total Direct Costs or Direct Salaries and Wages.
  - B. What is your Indirect Cost Rate Percentage?
  - C. How much (dollars) are you claiming as indirect costs on this project?
  - D. If costs claimed in item (C) are less or greater than A x B, explain.

# (REQUIRED BY STATE AGENCIES ONLY) SUPPLEMENTARY GRANT INFORMATION (Form CH 1)

APPLIC	CANT:	
PROJE	CT DURATION:	
Name o	of Funding Agency:	
Part I:	Project Description:	Briefly describe the purpose of the grant, the work to be done and the projected accomplishments:

#### Part II: <u>Budgetary Information</u>:

	Percentage	Applicant	Federal	State, Local, Other (Specify)	Total
Personal Services					
Supplies & Materials					
Travel					
Capital Outlay					
Consultant Services					
Other					
Total					
Indirect Cost					
Total Support					

Indicate Other Sources:
Indicate "In-Kind" support by an (*) next to amount.
If the project is for more than one year, you should submit a separate budget for each applicable year



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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	e and Des	cription:				
Grant ID Number:		(State Agency Only)	Year:	(0) (		
Number Assi	gned by C	Clearinghouse: AR				
Contact Pers	on:		Phone:			
Funding Age	ncy:					
Project Startii	ng Date: _					
Check one:		☐ Grant	☐ Loan	1	Both	
Check one:		☐ New	□Conti	nuation	Revision	
Federal	\$		Federal	\$		
State	\$		State	\$		
Local	\$		Local	\$		
Other	\$		Other	\$		
Total	\$		Total	\$		
Name:			Title:			
	(1	Full Name)				

Date: