

(REQUIRED BY STATE AGENCIES ONLY)

STATE CLEARINGHOUSE
APPLICATION SUPPLEMENT INSTRUCTIONS
(Form CH 2)

1. Self Explanatory
2. 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. Grant Year: 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. Grant Start Date: Month, day and calendar year in which the grant or project will begin. Grant End Date: Month, day and calendar year in which the grant or project will end.
6. Applicant Code: 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. Grantor Code: List the code of the state or federal agency from which you will directly receive the grant funds.
8. Organization Unit: 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
14. 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)

APPLICANT:

PROJECT DURATION:

Name 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: Budgetary Information:

	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.



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: _____