

ARKANSAS RECOVERY AND REINVESTMENT ACT COMPLIANCE AND MONITORING REPORT



1. DATE SUBMITTED:				RA STATE AGENCY CONTROL BER (i.e. AASIS Project Definition)4. ARRA CLEARINGHOUSE NO. (clearinghouse use only):		
5. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				6. STATEWIDE PROGRAM YES NO		
7. RECIPIENT DUNS:8. RECIPIENT			IENT CO	CONGRESSIONAL DISTRICT: ONE TWO THREE FOUR		
9. AFFECTED (TED CO	COUNTY(IES):		
10. RECIPIENT NAME:				11. ORGANIZATIONAL UNIT		
				A. DEPARTMENT:		
				B. DIVISION:		
12. ADDRESS				13. NAME AND TELEPHONE NUMBER OF PERSON TO BE		
STREET:				CONTACTED ON MATTERS INVOLVING THE PROJECT: (GIVE		
				AREA CODE)		
				PREFIX:	FIRST NAME:	
CITY:				MIDDLE NAME:		
COUNTY:				LAST NAME:		
STATE: ZIP CODE:			5	SUFFIX:		
COUNTRY:				E-MAIL:		
14. EMPLOYER IDENTIFICATION NUMBER (EIN): -				PHONE NUMBER (GIVE AREA FAX NUMBER (GIVE AREA CODE) CODE) -		
15. TYPE OF APPLICATION: Image: New Intervision Image: NewIntervision Image: New Intervis				16. TYPE OF	APPLICANT	:
17. FUNDING:				18. NAME OF FEDERAL AGENCY:		
SOURCE AMOUNT						
A. FEDERAL	\$.00	1	19. TYPE OF GRANT: BLOCK FORMULA			
B. STATE		\$.00				FORMULA
C. LOCAL		\$.00				
D. OTHER (SPECIFY)		\$.00			IPETITIVE	DISCRETIONARY
E. PROGRAM INCOME		\$.00		20. PROJECT EXPENDITURE AMOUNT: \$.00		URE AMOUNT:
F. TOTAL FUNDING		\$.00		\$.00		
21. CONSTRUCTION PROJECT ADDRESS						
STREET:				CITY:		
COUNTY:			5	STATE:		ZIP CODE:
22. PROJECT SUMMARY: (ATTACH ADDITIONAL PAGES AS NEEDED)						