



General Improvement Fund Grant

Application

P.O. Box 1403 | Jonesboro AR, 72403 | 870.932.3957 | eapdd.com

General Improvement Fund Grant Application

1. The purpose of this General Improvement Fund (GIF) Grant Application is to invite the submission of projects for funding provided by the State of Arkansas through the East Arkansas Planning & Development District. Projects should complement Arkansas's Economic and Community Development Goals and Objectives.
2. Communication concerning this application should be addressed to:

Melissa Rivers, Executive Director
East Arkansas Planning & Development District
PO Box 1403
Jonesboro, AR 72403

Prior to the award of the contract, contact should be initiated through this individual only.

3. To qualify for consideration, an original completed packet must be received by EAPDD at the above address.
4. Award, if any, will be made to the responsible organizations whose projects meets the requirements of the procurement. EAPDD reserves the right to reject all or any part of a submission or all submissions.
5. An award letter will be issued by EAPDD to the successful organizations. Successful applicants will be required to enter into a contractual agreement with EAPDD prior to funding.
6. Any disputes arising from the selection/rejection of any submission will be resolved solely by the East Arkansas Planning & Development District.
7. To facilitate submission evaluation, entities shall organize the submission based on the following outline.
 - A. **APPLICATION COVER PAGE (Form Attached)**

Complete and sign the attached form.
 - B. **Project Narrative (limit 1 page)**
 1. Briefly describe the Applicant Organization

2. Briefly describe the need and the nature of the applicant project. Indicate whether or not other funding has been committed to the project and the source/nature of that funding.
3. Briefly describe how the proposed project will improve the local area and assist with state wide efforts, as outlined by the State of Arkansas Consolidated Plan.

C. **CERTIFICATION LETTER (Form Attached)**

Please state the names of the persons who will be authorized to make representations for the applicant agency, their title, address, and telephone number. State that the person signing the letter will be authorized to bind the agency.

D. **PROJECT BUDGET (Form Attached)**

Include a line item project budget. Include any other funds and their sources in the line item budget separate from the GIF budget. Please utilize the budget form which is attached. Be sure to include publication fees for bids on project budget if the requested grant amount is over \$5,000.

E. **ATTACHMENTS**

If necessary, attach a project map, project time line, and support letter(s). Include other pertinent documents as needed to complete the project description.

**EAST ARKANSAS PLANNING & DEVELOPMENT DISTRICT
APPLICATION COVER PAGE**

Applicant: _____
Address: _____

City/Zip: _____
Phone: _____
Fax: _____
Email: _____
County: _____

Applicant Preparer: _____
Address: _____

City/Zip: _____
Phone: _____
Fax: _____
Email: _____
Contact Person: _____

Project Summary:

Type of Applicant:

City County Non-profit (Attach 501 C3)
 Other Specify: _____
 Joint* List Joint Members : _____

**Joint Applicants must be accompanied by an agreement signed by all members applying for funding in the application*

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

Budget:

Amount Requesting \$ _____
Other Funding (*specified in budget*) \$ _____
Total Project Budget \$ _____

Authorized Representative: The signature indicates that I have been authorized to submit an application requesting funding for the proposed project and to the best of my knowledge and belief, all data contained in this application is true and correct. If the application is approved for funding, I am authorized to sign any applicable documents on behalf of the applicant.

Type Name

Title

Signature

Date

Project Narrative

1. Briefly describe the Applicant Organization
2. Briefly describe the need and the nature of the applicant project. Indicate whether or not other funding has been committed to the project and the source/nature of that funding.
3. Briefly describe how the proposed project will improve the local area.

**East Arkansas Planning & Development District – GIF
Certification Letter**

Date _____

GIF Grants
c/o East Arkansas Planning & Development District
P.O. Box 1403
Jonesboro, AR 72403

Dear Members of the East Arkansas Planning & Development Board of Directors:

On behalf of the city/community/organization of _____, I am writing to request your assistance in securing a GIF grant under the EAPDD GIF Grant Program. Proceeds from the \$_____ grant, if awarded, will be used for the following project, as outlined in the enclosed application:

I, being the Mayor/Judge/CEO of _____, hereby designate myself as the party authorized to bind the agency.

Additionally, I designate _____, the _____ of _____, as the person authorized to make representations for the applicant agency of the grant, if awarded.

If further information is needed concerning this project, please feel free to contact me or the project's primary contact person, _____, at _____.

Thank you for your consideration.

Sincerely,

Title: _____

Organization: _____

Phone Number: _____