

**Western Arkansas Planning &  
Development District, Inc.**

**General Improvement Fund  
Grant Program**

Application Materials

Request for Projects  
&  
Notice of Funds Availability

**WESTERN ARKANSAS PLANNING & DEVELOPMENT DISTRICT, INC.  
GIF GRANT PROGRAM APPLICATION FACT SHEET**

Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 County: \_\_\_\_\_

Application Preparer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

**Project Summary:**

\_\_\_\_\_

**Type of Applicant:**

\_\_\_\_\_ City    \_\_\_\_\_ County    \_\_\_\_\_ Non-profit (Attach 501(c)(3) Certification)    \_\_\_\_\_ Joint\* (List all Applicants below)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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

**Project Type:**

\_\_\_\_\_ New Construction  
 \_\_\_\_\_ Renovation/Repair  
 \_\_\_\_\_ Equipment Supplies  
 \_\_\_\_\_ Other (Specify)

**Legislative District:**

Senate District(s): \_\_\_\_\_  
 House District(s): \_\_\_\_\_

**Budget:**

Grant Funds Requested            \$ \_\_\_\_\_  
 Other Funding (Specify 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.

\_\_\_\_\_  
**Typed/Printed Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## REQUEST FOR PROJECTS

1. The purpose of this request for projects (RFP) is to invite the submission of projects for funding provided by the State of Arkansas through the Western Arkansas Planning & Development District, Inc. (WAPDD). The funds will be utilized to improve the social and/or economic well-being of the citizens of our service area through the development and implementation of public improvement projects. These efforts may include construction and non-construction type projects that will enhance the region's existing economic and community development activities, as well as offering assistance to projects that may enhance the potential for positive economic or community development outcomes. Projects should complement regional economic and community development goals and objectives.

2. Communication concerning this RFP should be addressed to:

Ms. Ashley Garris, Project Coordinator  
Western Arkansas Planning & Development District, Inc.  
P. O. Box 2067  
Fort Smith, AR 72902

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 WAPDD, Inc. at the above address no later than 4:30 P.M., August 26 , 20 16 .
4. Awards, if any, will be made to the responsible organizations whose project meets the requirements of this request. WAPDD, Inc. reserves the right to reject all or any part of a submission or all submissions.
5. WAPDD will issue an award letter to the successful organizations. Successful applicants will be required to enter into a contractual agreement with WAPDD prior to funding.

6. WAPDD shall have sole authority to resolve any disputes arising from the selection or rejection of any submission.

7. To facilitate submission evaluation, entities shall organize the submission based on the following outline.

A. APPLICATION FACT SHEET (*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 statewide efforts, as outlined by the State of Arkansas Consolidated Plan.
4. 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.

C. 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.

D. ATTACHMENTS

Please attach a project map, project time line, support letters and include other pertinent documents as needed to complete the project description.

**PROJECT BUDGET**

Please itemize the cost estimate for the project below as much as possible. You may add extra sheets if necessary. Backup documentation for each line, including in-kind materials and licensed professional labor, is required (professional estimates, catalog pages, letters of intent to donate, etc.)

Item	Cost
_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL PROJECT COST</b>	<b>\$ _____</b>

**BUDGET FUNDING SOURCE BREAKDOWN**

Must include back-up documentation that shows how the total project will be funded (*i.e. bank statements, letters of intent to donate, resolution with appropriation listed, etc.*). ***This amount should be the same as the total project cost.***

<b>Requested from GIF Grant</b>	\$ _____
<b>In-kind professional labor</b>	\$ _____
<b>In-kind materials and /or equipment</b>	\$ _____
<b>Community Cash Matching Funds</b>	\$ _____
<b>City or County Appropriation</b>	\$ _____
<b>Other Funding Sources (please list)</b>	\$ _____
<b>TOTAL FUNDING SOURCE BREAKDOWN</b>	<b>\$ _____</b>