

APPLICATION FORM

ARKANSAS FORESTRY COMMISSION

URBAN & COMMUNITY FORESTRY ASSISTANCE GRANT

Applicant: _____

Address: _____

Contact person(s): _____

Phone number(s): _____

Email address: _____

Federal Employer ID No. (FEIN): _____

Brief description of project: _____

Project timetable: October 9, 2009 – August 15, 2010 _____

Federal Cost-Share requested: \$ _____

Non-federal share: \$ _____

Projected total expenditures: \$ _____

*Any printed material will have **prior approval by AFC** and will contain a statement to the effect that funding was made possible by a grant from the USFS and the AFC. Printed material must also contain a non-discrimination statement. A sign may be placed near grant projects for a period of 6 months.

(Signature of Authorized Contact Person)

(Date)