



FORESTRY DIVISION



Application Cover Sheet

Arkansas Department of Agriculture's Forestry Division
Urban & Community Forestry Grant Program
This page must be the first page of your application packet.

Project Information

Project Title: (10 words or less)	
Category (1, 2, or 3):	
Brief Description of Project: (3 sentences or less)	

Applicant Information

Organization Name:			
Organization's Federal ID #:		Unique Entity ID (UEI):	

Project Manager (Person responsible for project reporting and activities. All correspondence will be directed to this contact.)

First Name:		Last Name:					
Title:							
Mailing Address:							
City:		County:		State:		Zip:	
Daytime Phone:							
E-Mail Address:							
Website:							

Financial Information

U&CF Funds Requested + Total Cash Match + Total In-Kind Match = Total Amount of Project	
U&CF Funds Requested	\$
Cash Match	\$
In-Kind Match	\$
Total Project Cost	\$

Signature of Agreement

As the duly authorized representative of the applicant named above, I hereby certify that all parts of this grant application have been read and understood and that all information submitted herein is true and correct. If awarded a grant under the Urban and Community Forestry Grant Program of the Arkansas Department of Agriculture's Forestry Division, said organization agrees to comply with all Federal and State guidelines for completion of the grant.

Signature of Authorized Representative	Date
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Name and Title of Authorized Representative (Please type or print.)