

Arkansas Department of Finance & Administration – Intergovernmental Services

State Clearinghouse Submittal Process

All applicants requesting Federal grant funds from any source are required by State Act 498 of 1983, A.C.A. § 19-7-604 and Federal Executive Order 12372 of 1982 to submit a copy of their complete application to the State Clearinghouse for review and comment.

Documents to be Submitted all Grant Applicants:

- One (1) copy of the complete Grant Application to include the **SF 424 Application for Federal Assistance**
- **Budget Narrative** which provides explanations about line items from the grant applicant's standard budget
- **Project Narrative** which details the statement of purpose, the objectives of the proposed project and information that supports the project's feasibility.

****ALL DOCUMENTS MUST BE SUBMITTED VIA EMAIL TO**

igsclearinghouse@dfa.arkansas.gov with ADFA cc'd on the email at multifamily.housing@arkansas.gov **

Review Procedures of Grant Applications

Upon receipt of an application, the Clearinghouse assigns a State Application Identifier. The updated SF-424 Application is sent back to the applicant along with a Letter of Receipt. A 30-day review begins. The Project Summary is included in the Weekly Project Notification and Review System (PNRS) Project Activity Report and circulated to all parties on the PNRS mailing list. After the 30-day period expires, the applicant is sent a Sign Off Letter.

If you have any questions please call DFA-IGS at (501) 682-1074

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. Organizational DUNS:

d. Address:

* Street1:

Street2:

* City:

County/Parish:

* State:

Province:

* Country:

* Zip / Postal Code:

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Title:

Organizational Affiliation:

* Telephone Number:

Fax Number:

* Email:

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant [Redacted]

* b. Program/Project [Redacted]

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: [Redacted]

* b. End Date: [Redacted]

18. Estimated Funding (\$):

* a. Federal	[Redacted]
* b. Applicant	[Redacted]
* c. State	[Redacted]
* d. Local	[Redacted]
* e. Other	[Redacted]
* f. Program Income	[Redacted]
* g. TOTAL	[Redacted]

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on [Redacted].
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

**** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name: [Redacted]
Middle Name:
* Last Name: [Redacted]
Suffix:

* Title: [Redacted]

* Telephone Number: [Redacted] Fax Number:

* Email: [Redacted]

* Signature of Authorized Representative: [Redacted]

* Date Signed: [Redacted]