

ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION

Grant Application - 2013

Please indicate the category under which you are applying for ADR Commission grant funds:

- _____ Court Based ADR Programs
- _____ Small Claims Mediation Programs
- _____ School Conflict Resolution/Peer Mediation Skills Programs
- _____ General Community ADR Education Programs
- _____ Mediation Training
- _____ Other Programs promoting/using ADR

You are:

- _____ First-time applicant
- _____ Current grantee (if so, have you applied for other funding? See question 9. Also see Public & Private Funding Disclosure Form)
- _____ Previous grantee (if so, please provide date of last grant award _____)

Organization/Applicant: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Project Name: _____

Tax Identification Number: _____ Amount Requested: _____

Program Director: _____

Contact Person: _____

Name of legal entity receiving
and responsible for funds: _____

ADR Commission Grant Application - 2013

- 13. Attach an executed Grant Assurances Form.
- 14. Attach a completed Financial Budget Form. The budget should prioritize each specific use for these funds. The Commission may not be able to grant your entire request for funds, and we need to know which items you consider most necessary for funding.
- 15. Briefly describe any additional information that you think we should have.

Please submit an original and 10 copies of this application and all attachments:

**Arkansas Alternative Dispute Resolution Commission
625 Marshall St.
Little Rock, AR 72201-1020**

Applications must be received by 4:00 p.m. October 25, 2013. Applications received after the due date and time will not be considered regardless of the source of the application or its merits.

Date submitted: _____

Person Preparing Application: _____
Title

Person Responsible for Funds: _____