

ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION

Grant Application - 2016

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

- Court Based ADR Program
- School Based ADR Program
- Community Based ADR Programs
- ADR Education and Training
- Other Programs promoting/using ADR

Applicant Status:

- 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, provide date of last grant award _____)

Organization/Applicant: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Project Name: _____

Tax Identification Number: _____ Amount Requested: _____

Program Director: _____

Name of legal entity receiving and responsible for funds: _____

Name of person completing grant reports: _____

Email of person completing grant reports: _____

Telephone number of person completing grant reports: _____

5. If this is an on-going project or program, how do you intend to become financially self-sufficient? What is your timetable for becoming financially self-sufficient? Specifically list any other grants or funding for which you have applied.

6. Describe the geographical area to be served, the number of people to be assisted, and your methods used to derive this information.

7. Describe existing or projected community involvement and support for this program/project.

8. Identify other organizations or projects within your geographical service area that provide the same or similar service, and describe any cooperative work between you.

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.

Submit a copy of this application, with all attachments, in pdf format to Jennifer.Taylor@arcourts.gov.

**Submit the original and 10 copies to:
Arkansas Alternative Dispute Resolution Commission
625 Marshall St.
Little Rock, AR 72201-1020**

Applications must be received by 4:00 p.m. November 4, 2016. 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 Reporting: _____