



Application

General Improvement Fund

**Northwest Arkansas Economic
Development District, Inc.**

P. O. Box 190
Harrison, Arkansas 72602-1090

**NORTHWEST ARKANSAS ECONOMIC DEVELOPMENT DISTRICT, INC.
APPLICATION COVER PAGE**

Applicant: _____
 Address: _____
 City/Zip: _____
 Phone: _____
 Fax: _____
 Email: _____
 County: _____

Applicant Preparer: _____
 Address: _____
 City/Zip: _____
 Phone: _____
 Fax: _____
 Email: _____
 Contact Person: _____

Project Summary:

Type of Applicant:

City County Non-profit (Attach 501 C3)
 Other Specify: _____
 Joint* List Joint Members : _____

**Joint Applicants must be accompanied by an agreement signed by all members applying for funding in the application*

State Senator(s) / District(s): _____
 State Representative(s) / District(s): _____

Budget:

Amount Requesting \$ _____
 Other Funding (*specified in budget*) \$ _____
 Total Project Budget \$ _____

Authorized Representative: The signature indicates that I have been authorized to submit an application requesting funding for the proposed project and to the best of my knowledge and belief, all data contained in this application is true and correct. If the application is approved for funding, I am authorized to sign any applicable documents on behalf of the applicant.

Type Name

Title

Signature

Date

REQUEST FOR PROJECTS

1. The purpose of this Request for Projects (RFP) is to invite the submission of projects for funding provided by the State of Arkansas through the Northwest Arkansas Economic Development District, Inc. Projects should complement the Economic and Community Development Goals of the State of Arkansas.
2. Communication concerning this RFP should be addressed to:

Mr. Joe Willis, Executive Director
Northwest Arkansas Economic Development District, Inc.
P. O. Box 190
Harrison, AR 72602-0190
3. To qualify for consideration, an original completed packet must be received by NWAEDD at the above address.
4. Award, if any, will be made to the responsible organizations whose projects meets the requirements of the general improvement grant program. NWAEDD reserves the right to reject all or any part of a submission or all submissions.
5. An award letter will be issued by the requester to the successful organizations. Successful applicants will be required to enter into a contractual agreement with NWAEDD prior to funding.
6. Any disputes arising from the selection/rejection of any submission will be resolved solely by the Northwest Arkansas Economic Development District, Inc.
7. To facilitate submission evaluation, entities shall organize the submission based on the following outline.
 - A. APPLICATION FACT SHEET (*Form Attached*)

Complete and sign the attached form.
 - B. Project Narrative (limit 1 page)
 1. Briefly describe the Applicant Organization
 2. Briefly describe the need and the nature of the applicant project.
 3. Briefly describe how the proposed project will improve the local area and assist with state wide efforts in economic and community development.
 4. State the names of the persons who will be authorized to make representations for the applicant organization, their title, address, and telephone number. State that the person signing the letter will be authorized to bind the applicant.
 - C. PROJECT BUDGET (*Form Attached*)

Include a line item project budget. Please utilize the budget form which is attached.
 - D. ATTACHMENTS

If appropriate, attach a project map, project time line and support letter(s). Include other pertinent documents as needed to complete the project description.

