



**LETTER OF INTENT / SUPPORTING DOCUMENTATION COVER PAGE
RE: GCDD ARKANSAS MARCH 2020 RFP**

IF YOU ARE APPLYING FOR FUNDING IN MORE THAN ONE OF THE STATED GOALS, PLEASE COMPLETE A COVERSHEET FOR EACH AREA APPLIED FOR

1. Project & Applicant Information and Authorized Official Assurance

Title of Project:		
Grant Funds Requested: Federal \$	Match Funds: \$	Total Project Costs: \$
<i>ENTER AMOUNTS</i>		
Project Period: 07/1/2020 thru 06/30/2021		
Applicant Organization:		
Application Contact Name:		E-Mail :
Telephone No:		
Authorized Official Name:		E-Mail:
Telephone No:		
<p><i>I certify that the above applicant is eligible to apply for and receive federal funds from the Arkansas governor's Council on Developmental Disabilities. If awarded a grant, I assure the Council that all activities will be conducted in compliance with all applicable federal, state and agency laws and regulations.</i></p>		
Authorized Official Name:		Title:
Signature: _____		Date: _____
Authorized Official		