

Arkansas Parcel Grant Application

County _____

State Senator _____ Senate District Number _____

State Representative _____ House District Number _____

County Judge _____ County Assessor _____

Parcel Count as of January 1, 2010 _____

Amount for which you are applying _____

Amount to be provided by applicant _____

Total project cost _____

1. Description and basis of need – 40% describe why grant funds are needed. Provide a history of the county's parcel mapping progress to date and the work that will be accomplished. 1,000 word limit

2. Leverage the investment for maximum benefit – 40% describe how the state investment will be leveraged for maximum benefit. Demonstrate how your county will wisely apply the investment for dividends resulting in parcel polygon coverage of the entire county. If an applicant has secured additional funds for the project, please provide details about cooperators, pledges, and financial contributions. 1,000 word limit

3. Project Management and Experience – 20% describe your management experience and demonstrated ability to deliver the requirements of the grant. Include details and background on similar projects that will show you have a track record of success. 1,000 word limit

COST ESTIMATE BREAKDOWN

Please itemize the cost estimate for the project below as much as possible. You may add extra sheets if necessary. Backup documentation for each line, including in-kind materials and labor, is required (professional estimates, letters of intent to donate, etc.)

Item Cost

TOTAL PROJECT COST _____

FUNDING SOURCE BREAKDOWN

Must include backup documentation that shows how the total project will be funded (*i.e. bank statements, letters of intent to donate, resolution with appropriation listed, etc.*)

In-kind labor _____

In-kind materials _____

County Appropriation _____

Other Funding Sources (please list) _____

TOTAL FUNDING SOURCE BREAKDOWN _____

NOTE: List the name, address, phone and fax numbers of the Assessor and Deputy who are knowledgeable about the application. The Assessor should be listed in column one and will receive all correspondence regarding application status. Deputy Assessors in column two will only be contacted if AGIO staff is unable to contact the Assessor.

Assessor Contact Name

Title

Address

City, State, Zip

Day Phone

Evening Phone

Fax

Email Address

Deputy Assessor Contact Name

Title

Address

City, State, Zip

Day Phone

Evening Phone

Fax

Email Address

ADDITIONAL INFORMATION NEEDED SHOULD THIS APPLICATION BE CHOSEN FOR FUNDING

Local Newspaper: _____

Local Newspaper: _____

Address: _____

Address: _____

City / State / Zip: _____

City / State / Zip: _____

FAX: _____

FAX: _____

EMAIL: _____

EMAIL: _____

With my signature below, I do hereby certify that I have read, understand, and support the above application for grant funds through the Arkansas Parcel Grant Program. I further certify that I have read, understand, and agree to abide by the rules and regulations governing the grant programs.

Signature of County Judge

Signature of Assessor

Date Signed _____

Date Signed _____

Please carefully review the application and be sure that you have completely answered every question. This form must be received no later than 4:30 p.m. document must be postmarked with all backup documentation required no later than 4:30 p.m. on the application deadline.

FAXES WILL NOT BE ACCEPTED.

Please email applications to:

shelby.johnson@arkanas.gov

SUBJECT: ATTN-Parcel Grant