

**Arkansas Community Assistance Grant**  
Certification Letter

Date: \_\_\_\_\_

Arkansas Community Assistance Grant Program  
c/o Arkansas Economic Development Commission  
1 Commerce Way, Suite 601, Little Rock, AR 72202

Dear Members of the Arkansas Economic Development Commission,

On behalf of the city/county/non-profit of \_\_\_\_\_, I am writing to request your assistance in securing a state grant under the Arkansas Community Assistance Grant Program. If awarded proceeds from the \$ \_\_\_\_\_, will be used for the following project, as outlined in the enclosed application:

\_\_\_\_\_.

The city/county/non-profit of \_\_\_\_\_ have furnished proof that they have raised \$ \_\_\_\_\_ through cash and/or in-kind donations as their matching share on the project and the City Council/Quorum Court/Non-Profit Board of \_\_\_\_\_ agrees to provide the remainder funds necessary to complete the state matching requirements. Further, we have read the application fully and have determined that the city/county/non-profit of \_\_\_\_\_ is eligible to apply for and receive funds under this program.

I designate myself, Mayor/County Judge/Board President of \_\_\_\_\_ as the person ultimately responsible for the administration of the state grant, if awarded. Project funds for all sources will be expended through a fund established in the books of the city/county/non-profit of \_\_\_\_\_ and all project expenditures with invoices and canceled checks attached, in addition to copies of all application materials, will remain on file in the Mayor/Judge/President's office for three years of until audited (whichever is later), to assure that funds were used for the purposes for which they were made available.

If additional information is needed concerning this project, please feel free to contact me or the project's

Primary contact person (name) \_\_\_\_\_.

Thank you for your consideration,

Mayor/Judge/Board President:

\_\_\_\_\_

City/County/Non-Profit:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_