

SUBMISSION INSTRUCTIONS: When this form is completed, fax this form to 501-676-5020, OR image it and send it as an e-mail attachment to aado@arkansaseconomicregions.org

ARKANSAS COMMUNITY & ECONOMIC DEVELOPMENT ALLIANCE

ASSESSMENT OF FUNDING NEEDS FOR PROPOSED PROJECT

Date _____

ACED Alliance Submitter Agency _____

Entity Name: _____

Entity Location _____

Contact Person _____

Contact Phone # _____

Contact Fax # _____

Contact E-Mail: _____

Architect/Engineer Phone # _____

Fax# _____

E-Mail: _____

Project Name

Brief Description Of Project

Geographical Area Served by this Project

Services Needed for This Project:

_____ Loan Funding

_____ Grant Funding

_____ Technical Assistance

_____ Planning

_____ Information

Project Status:

_____ Ultimately Funded

_____ In Process

_____ Complete

_____ Terminated

Entity Type:

_____ Non-Profit Organization

_____ City Government

_____ County Government

Entity Authority

Authorized by ordinance or by Organizational documents:

_____ To Receive & administer GRANT funds

_____ To Incur, administer & repay LOAN funds

_____ Registered with Secretary of State's Office

Entity Experience

_____ # Years Experience: In operating this project facility or a similar project facility

Project Benefit

_____ # Jobs this Project would create

_____ # of Persons benefitting from this project

PROJECT COST ESTIMATE	
_____	Development/Construction
_____	Land & Rights
_____	Legal Fees
_____	Architect/Engineer Fees
_____	Equipment/Furnishings
_____	Refinancing
_____	Interest
_____	_____
_____	_____
_____	_____
_____	Total Cost of Project

PROPOSED FUNDING: ALREADY IN PLACE	
_____	Entity Contributions
_____	Loan from:
_____	Grant from:
_____	_____
_____	_____
_____	_____
_____	Total Funding in Place
_____	_____
_____	Total Funds Still Needed
_____	(Cost minus Funds in Place)