

Arkansas Department of Public Safety
Application for Public Safety Equipment Grant Program Fund



Date: _____

Agency Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Telephone Number: _____

Employer Identification Number (EIN): _____

Name & Number of Person to Contact Regarding the Application:

Areas Affected by Project (cities, counties, state, etc.):

Total Amount Requested: _____

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION IS TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE MEMORANDUM OF UNDERSTANDING IF THE ASSISTANCE IS AWARDED.

Typed Name of Authorized Representative:

Title:

Signature:

Date:

Agency Head:

Title:

Signature:

Date:
