

**Applicant Information**

Project Title:  
Date of Application:

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Legal Name of Entity Applying for Funds:  
Address:  
City: State: Zip code:  
Phone:

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President/Executive Director/Elected Official: Title:  
Phone: Email:  
Grant Manager: Title:  
Phone: Email:

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**Organizational Information**

Is the applicant a Military Community Council? Yes No

If yes, please provide the following documents:

- A. Proof of legal organization as a business entity in good standing with the Arkansas Secretary of State's Office,
  - B. A copy of the Council's current Bylaws or governing documents approved by the Council's governing board,
  - C. A map of the geographic region covered by the Council,
  - D. The identity of each public organization and private organization comprising the Council and the role each organization will undertake in the project, and
  - E. A list of the current members of the board of directors
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**Proposal Information (3-4 pages total)**

Briefly describe how this project meets the criteria of the MAGP.

What are the goals and objectives of this project? How will this project strengthen the military installation, address specific issues, effectuate improvements, achieve desired results.

List clearly defined, measurable outcomes, in support of the MAGP goal, that will be used to evaluate the success of the project.

Description of Need: (What issues do you plan to address through this project? Who are the potential target beneficiaries of this project?)

Description of the Project: (Describe the specific activities that will implement this project. Include attachments, if applicable.)

Will there be ongoing operational cost required to sustain the benefits of the project? If yes, please describe.

Provide any additional pertinent information applicable to this project not delineated elsewhere.

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### Proposal Request

Project Title:

Project Start and Commencement Dates:

Total Project Budget:

Requested MAGP Amount: \$

Geographic Area Served:

Is this project related to any other on-going or planned federal/state/local projects? If so, please describe?

List other federal/state/local funding received in support of this project request. (To include purpose, amount, start, stop, and continuing funding required)

Funding Organization	Purpose	Amount	Start-End Dates	Continued Funding Required

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### Letter of Support

If the project is within the legal boundaries of the military installation, please attach a letter of support from the Installation Commander.

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### Authorizing Signature (President/Executive Director/Elected Official)

I hereby verify that the information provide is accurate to the best of my knowledge.

Signature:

Date:

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### Submitting the Military Affairs Grant Program Application

Please return the completed MAGP Application and all supporting documents to:

Arkansas Economic Development Commission

Military Affairs

900 W. Capitol Avenue, Ste. 400

Little Rock, AR 72201