

CURTIS H. SYKES MEMORIAL GRANT PROGRAM

2010 APPLICATION COVER SHEET

Project Title _____

Name _____

Address _____

City _____ **State** _____ **ZIP Code** _____

Telephone _____ **FAX** _____

Project Director _____

Fiscal Agent _____

Email _____

Amount of funding request _____

Submit completed application to:

Black History Commission of Arkansas
One Capitol Mall, 2B-215
Little Rock, AR 72201

Grant cycle:

Applications will be accepted at any time. A signed application with authorized signature/s must be postmarked or received in the Arkansas History Commission office at least thirty days prior to the scheduled BHCA meeting date. Applications received after that deadline will be considered at the following meeting. Applications will be reviewed at the Black History Commission's meeting, and funds disbursed within four weeks of receipt of all required forms and application approval.

I certify that all requirements of the organization/individual submitting this application have been met in the preparation of this application, and that all applicable State of Arkansas laws and regulations will be complied with in the completion of this project.

Signature _____

Printed name _____

Title _____

