

LITTLE ROCK COMMISSION ON CHILDREN, YOUTH AND FAMILIES
SMALL CONTRACT APPLICATION COVER SHEET

SUBMITTED BY:

Organization _____

Contact Name _____

Address _____

City, State, Zip _____

Phone _____ FAX _____

Email Address _____

Federal nonprofit 501(c)(3) identification number: _____

OR: Other type of federal nonprofit status: _____

If applying using nonprofit status of another organization, provide the following information about that organization: Include letter from other agency board authorizing use of other agency's 501(c)(3).

Organization _____

Director/Administrator _____

Address _____

City, State, Zip _____

Phone _____ FAX _____

PROPOSAL

Amount Requested: \$ _____ Total Budget: \$ _____

Total Number to be served: _____ Age Range _____ # Males _____ #Females _____ #Families _____

African American: _____ Asian: _____ Caucasian: _____ Hispanic: _____ Other: _____

Start Up/Event Date: _____ Response Needed: _____ Citywide Project: Yes ___ No ___*

*Neighborhood/Community impacted _____

Brief Description of project to be funded: _____

Submit proposals to: LITTLE ROCK CHILDREN, YOUTH AND FAMILIES COMMISSION:
Community Programs Department
City Hall, Room 220 West
500 West Markham
Little Rock, AR 72201
Attn: Barbara Osborne, Programs Coordinator