CERTIFICATION OF AGENCY APPROVAL

This is to certify that all requirements of the agency named below have been met in the preparation of the application, and that all applicable State of Arkansas laws and regulations will be followed in the completion of this project.

Agency Director: _____ **Phone:** _____
(Print Name)

_____ **Date:** _____
(Signature)

Institution Chief: _____ **Phone:** _____
(Print Name and Title)
(agency director, president, chancellor, etc)

Date: _____

_____
(Signature)

To be completed by the Institution Chief:

Statement of Priority

This grant is rated a Priority # _____ of a total of _____ priorities of ANCRC grant requests for my department/institution.

Please note: If the agency is submitting more than one project under one application, or if submitting multiple projects under separate applications, each prjoect must be given a priority rating (i.e., 1, 2, 3, etc.). Failure to set priorities will constitute an incomplete application and will result in the application(s) being returned.

Board or Commission Chair: _____
(Print Name)

_____ **Date:** _____
(Signature)
(chairman of agency's commission or advisory board, chairman of college board of trustees, etc.)