



STATE OF ARKANSAS  
**Department of Finance  
 and Administration**

**Office of Intergovernmental Services**

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# Institution of Higher Education Quarterly Project Report to State Clearinghouse

**Fiscal Year: 20**                      **1<sup>st</sup> Qtr**                      **2<sup>nd</sup> Qtr**                      **3<sup>rd</sup> Qtr**                      **4<sup>th</sup> Qtr**

Name of Institution:

Project Title:

Contact Person:

Address:

Phone:

City:                                      State:                                      Zip code:

Type of Award:    Grant                      Contract                      Cooperative Agreement

Construction:                      Yes                      No

Equipment:                      Yes                      No

Institutional Control Number:

Funding Agency:

Starting Date:                                      Ending Date:

Type of Award:    New                      Continuation                      Revision                      Renewal

**FUNDING:**

Federal

Applicant

State

Other

TOTAL

Areas affected by Project: