



ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION  
OFFICE OF INTERGOVERNMENTAL SERVICES  
1515 West 7<sup>th</sup> Street, Suite 404  
P. O. Box 8031  
Little Rock, Arkansas 72203

STATE SET-AISDE FUNDING FOR DRUG TASK FORCES  
SPECIAL AWARD

**DFA/IGS ONLY**

REVIEWED DATE: \_\_\_\_\_

APPROVED DATE: \_\_\_\_\_

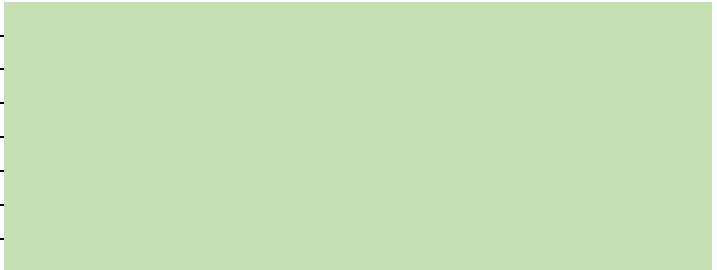
AADACC APPROVED [Y/N] \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_

SUBGRANT NO: \_\_\_\_\_

**SPENDING PLAN**

DTF Name
Mailing Address/City/Zip Code
Point of Contact (POC) Name
POC Information: Phone Number/Email Address



Briefly describe the proposed use of the Special Award funding. Include specific statements regarding how your proposed use will be documented, tracked, and reported to DFA-IGS.