**Instructions**

For each individual grant payment your organization received, please complete this form then scan it as a .pdf and e-mail it, along with all supporting documentation to OutreachGrantsAudit@dhs.arkansas.gov. **PLEASE SUBMIT THIS FORM NO LATER THAN JUNE 8, 2021 AT 5:00 PM.**

**Provider Detail**

Organization Name:Click or tap here to enter text.

Contact Name: Click or tap here to enter text.

Contact E-mail: Click or tap here to enter text.

Contact Phone No.: Click or tap here to enter text.

Award amount: Click or tap here to enter amount.

Report Date: Click or tap to enter a date.

1. Please include copies of all receipts that document the purchase of the products used to complete this grant.
2. Please include copies or receipts or other documentation that proves the delivery of goods or services as approved for this grant.

[ ]  Upon penalty of perjury, all of the facts contained in the foregoing submission are true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Party Signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date