

**ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION**

**Grant Application - 2024**

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Please indicate the category under which you are applying for ADR Commission grant funds:

- Court Based ADR Program
- School Based ADR Program
- Community Based ADR Programs
- ADR Education and Training
- Other Programs promoting/using ADR

Applicant Status:

- First-time applicant
- Current grantee
- Previous grantee (if so, provide year of last grant award \_\_\_\_\_)

Organization/Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Program Director: \_\_\_\_\_

Name of legal entity receiving  
and responsible for funds: \_\_\_\_\_

Name of person completing grant reports: \_\_\_\_\_

Email of person completing grant reports: \_\_\_\_\_

Telephone number of person completing grant reports: \_\_\_\_\_

**Submit a copy of this application, a completed W-9, along with all attachments in pdf format to [adrcommission@arcourts.gov](mailto:adrcommission@arcourts.gov) The application deadline is October 4, 2024 by 4 p.m.**

## **ADR Commission Grant Application - 2024**

Please answer the following questions. If you think a question is not applicable to your application, indicate so by writing N/A.

1. Describe specifically how the funds will be used.
2. Describe the expected benefits.
3. What are your goals, planned activities, and a timetable for completion.
4. Describe your efforts to obtain other funding.
  - Is this an on-going project or program?
  - How do you intend to become financially self-sufficient?
  - What is your timetable for becoming financially self-sufficient?
  - Specifically list any other grants or funding for which you have applied.
  - Describe the potential impact if the ADR Commission grant funds are not made available to you.
5. Describe the geographical area to be served, the number of people to be assisted, and your methods used to derive this information.
6. Identify other organizations or projects within your geographical service area that provide the same or similar service and describe any cooperative work between you.
7. Briefly describe your organization, its history and purpose.
8. Attach a list of the members of your board of directors or other governing entity and their employers.
9. Are you exempt from income taxation? \_\_\_\_\_ If so, attach a copy of your IRS exemption letter.
10. Attach an executed Grant Assurances Form.
11. Attach a completed Financial Budget Form. The budget should prioritize each specific use for these funds. The Commission may not be able to grant your entire request for funds, and we need to know which items you consider most necessary for funding.
12. Briefly describe any additional information that you think the Commission should have.

**Arkansas Alternative Dispute Resolution Commission  
Financial Budget Form - 2024**

**Name of Applicant:** \_\_\_\_\_

Provide projected budget for January 1, 2025 to December 31, 2025. See next page for explanations.

**Personnel Costs** - Attach a detailed job description for all personnel included in this grant application.

<b>CATEGORY</b>	<b>ADR COMMISSION FUNDS REQUESTED</b>	<b>AMOUNT OF OTHER FUNDING SOURCES</b>	<b>TOTAL BUDGET</b>
Professional Staff (No. ____)			
Support Staff (No. ____)			
Other Staff			
Employee Benefits			
<b>Total Personnel Costs</b>			

**Non-Personnel Costs**

<b>CATEGORY</b>	<b>ADR COMMISSION FUNDS REQUESTED</b>	<b>AMOUNT OF OTHER FUNDING SOURCES</b>	<b>TOTAL BUDGET</b>
Space			
Equipment Rental			
Supplies			
Telephone			
Travel			
Training			
Liability/Insurance			
Dues/Fees			
Audit			
Capital Additions			
Contract Services			
Other - itemize on separate sheet			
<b>Total Non-Personnel Costs</b>			

**Arkansas Alternative Dispute Resolution Commission  
Financial Budget Form - 2024**

**PROFESSIONAL STAFF:** This category should include all salaries and wages paid to program attorneys, administrators, and managers, whether employed directly or supervised by the program, and whether part time, full time, or temporary.

**SUPPORT STAFF:** This category should include salaries and wages paid to program receptionists, secretaries, and clerks whether employed directly or supervised by the program and whether part-time or temporary.

**OTHER STAFF:** This category should include salaries and wages paid to all other program staff, whether employed directly or supervised by the program, and whether full-time, part-time or temporary.

**EMPLOYEE BENEFITS:** This category should include all those commonly accepted fringe benefits paid on behalf of employees, such as retirement, FICA, health and life insurance, workers compensation, unemployment insurance, and other payroll-related costs approved by the program's board of directors.

**SPACE:** This category includes estimated rent, utility payments, and maintenance or janitorial expenses.

**EQUIPMENT RENTAL:** This category includes lease or rental expenses for office furniture, fixtures, and equipment (except telephone). It also includes an estimate of maintenance costs for that equipment whether pursuant to a service contract or an estimate of individual repair bills.

**OFFICE SUPPLIES AND EXPENSES:** This category includes all basic office accessories and supplies, including material used in copiers. Printing and postage, which may be recorded in special accounts, are included in this category. All equipment purchases under \$100 may be placed in this line item.

**TELEPHONE:** This category includes estimates for the rent of telephone equipment and service plans.

**TRAVEL:** This category includes travel expenses directly related to purpose of the grant program or project. Grantee employees, volunteers, or contractors may be paid travel expenses when required to travel away from their official station on business that relates directly to grant purposes. Official station is the geographic location or address of the grantee. Travel costs may include transportation, lodging, meals, and miscellaneous items related to the trip such as parking. Please note that travel reimbursement is not a per diem and is to be claimed for actual expenses for meal and lodging not to exceed the maximum allowable rates as listed in the federal travel directory plus applicable sales tax. The maximum allowance for meals includes taxes and up to 15% tip reimbursement. Travel may be achieved by plane, train, bus, taxi, private vehicle/aircraft, rented or grantee-owned automobile; whichever method serves the requirements of the grantee most economically and advantageously. In order to seek reimburse for travel in a personal vehicle, the traveler must maintain a log of the beginning and ending points and purpose of travel. Private vehicle mileage shall be reimbursed and computed using map mileage (whether paper based or electronic), between the travel site destination and the grantee's official station, or the personal address of the traveler, if leaving directly from the residence, whichever is less. Reimbursement will be determined by calculating eligible miles by the current mileage reimbursement rate for the

State of Arkansas.

**TRAINING:** This category includes costs associated with providing ADR training or continuing education programs. Funds may be used to contract with a trainer, preparation of materials, facilities rental, and other costs necessary to present the training or education program. All anticipated costs for a program should be outlined on the budget form submitted with this grant application. You may provide a supplemental to the budget form if necessary.

This category also includes non-personnel costs to be paid for with regular program funds associated with the training or continuing education of staff members. Examples would be: conference registration fees or tuition, and purchase of training materials. No program personnel costs should be included here.

All travel costs associated with training and education should be included in the TRAVEL category.

**LIABILITY:** This category includes professional liability insurance, bonding, property insurance (fire and theft), and liability insurance for property and automobiles.

**DUES AND FEES:** This category includes amounts paid for the organization or programs' state or federal licenses or costs incurred by associating with any other organization. The grantee must be able to demonstrate that the licensing dues or fee, or association with another organization is directly related or necessary to the alternative dispute resolution program or project funded by the grant.

**AUDIT:** This category includes expenses for auditors.

**CAPITAL ADDITIONS:** This category includes equipment and library purchases over \$100 per item and other major expenses which occur infrequently (e.g. major renovation). Items included should be certain expenditures (e.g. report "office equipment" rather than typewriters, dictating equipment adding machines, etc.) However, please provide a separate footnote for any purchase in excess of \$500.

**CONTRACT SERVICES:** This category includes two types of contract services. The first is for all payments to contractors that *provide services on behalf of the organization*. This would include, among other things, mediators who provide services to clients of the organization. The other category is for payments to contractors that *provide services to the organization*. This would include, among other things, consultant fees, bookkeeping or other accounting services. This category excludes contracting for training. See **TRAINING** definition.

**OTHER:** This category includes all program expenses not included above.

**Arkansas Alternative Dispute Resolution Commission**  
**Grant Assurances Form - 2024**

**Name of Applicant:** \_\_\_\_\_

**Applicant hereinafter referred to as It assures that:**

1. It agrees that no funds provided by the Commission will be used for any political campaign or to support attempts to influence legislation of any governmental body.
2. It agrees that all of the grant funds are to be used for, and only for, the purpose(s) specified in the Commission's award letter. Use of any portion of the grant funds, including interest earned thereon, for any purpose must have the prior written approval of the Commission.
3. It understands and agrees that the grant period for this first grant will be for a grant period of one year, from January 1<sup>st</sup> through December 31. It further understands and agrees that any unspent funds must be returned to the Commission at the end of the grant period unless it has otherwise received written extension from the Commission.
4. It will not discriminate on the basis of race, color, religion, sex, age, handicap, or national origin against (1) any person applying for employment or employed by the applicant with respect to any personnel action proposed or taken concerning the applicant or employee; or (2) any person seeking participation in, or the benefits or proceeds of, the program or projects supported in whole or part by this grant.
5. It agrees to notify the Commission as soon as possible, but not later than thirty (30) days, of any material changes occurring in the grantee's program during the grant period for which this grant is made.
6. It will, upon request, cooperate with all data collection and evaluation activities undertaken by the Arkansas ADR Commission, and give any authorized representative of the Commission access to any copies of all financial records, books, papers, or documents, provided that the Commission shall not have access to any reports, records, or information subject to the attorney-client privilege.
7. It will provide copies of audits conducted for the period for which grant funds were granted. If such audits are a routine business item contracted for by the grantee. In addition, it will provide a financial accounting conforming to the purpose(s) for which grant funds were awarded as required by the award letter and which has been certified correct by the responsible financial official of your organization. It further agrees that the commission may audit or cause an audit to be conducted of the grant funds in special circumstances with appropriate notice. The grantee agrees to pay the costs incurred for this audit.
8. It understands and agrees that the Commission may, in its sole discretion, grant funds in greater or lesser amounts and/or for greater or lesser periods of time than requested in this application.
9. It hereby understands and agrees that the Commission has no obligation to finance any project(s) of any applicant and if grant is made, the Commission may decide not to renew it for another period. It also understands and agrees that the Commission may rescind funds allocated if grantee fails to comply with this agreement in any way.
10. It understands and agrees that the application, once received by the Commission, becomes

the property of the Commission and any or all of the ideas or information contained therein may be used by the Commission. It further understands that all grant applications are considered public information and will be released upon request. Reasonable costs incurred to provide copies of applications may be assessed against the person requesting the copies.

11. It will provide, upon request, periodic written reports detailing the use of Commission funds in light of the proposed use described in the grant application.
12. It understands that grant awards will be made in two payments and that receipt of the second payment is conditioned upon: (1) the availability of funds; and (2) receipt by the Commission of the financial and narrative grant reports for the first half of the grant award.

I have read these assurances and understand that if this application is approved for funding, the grant will be subject to these conditions and restrictions. I certify the applicant will comply with these assurances if the application is approved. I understand and agree to comply with sanctions that may be levied against my program if these conditions and restrictions are violated. Sanctions may include a refund of the grant or a portion thereof, forfeiture of future award payments, and/or ineligibility for future grant awards.

Program Director or Committee Chair: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Chief Officer or President: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Resolution**

I, \_\_\_\_\_, Secretary of \_\_\_\_\_,

the Chief Officer, and \_\_\_\_\_, the Program Director, do submit the attached Grant Application and to execute the above Grant Assurances in a meeting held on \_\_\_\_\_ or by ballot mailed on \_\_\_\_\_

The board of directors authorizes the above signatories to act as its agents in the administration of an ADR Commission grant.

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date

**Arkansas Alternative Dispute Resolution Commission  
Public and Private Funding Disclosure Form - 2024**

Please list your sources of public or private funds for your program/project for the year January 1, 2025 to December 31, 2025.

**Government**

(all public funds from city, county, state, or federal agencies)

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**United Way**

all funds from United Way or other community fund

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**Foundations**

funds from private, local, regional, state, national organizations

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**Bar Association**

from local bar associations and related organizations

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**Other**

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**Individual**

**Contributions**

Private contributions

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**Total Contributions**

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