

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Preapplication Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 10/14/2003	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: City of Jonesboro, Arkansas		Organizational Unit: Mid-South Health Systems, Inc.	
Address (give city, county, state, and zip code): 515 West Washington Jonesboro, AR 72401  <b>D&amp;B#073540288</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code) Bonnie White 870-972-4015	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 7 1 - 6 0 1 3 7 4 9		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <input checked="" type="checkbox"/> C	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award      B. Decrease Award      C. Increase Duration D. Decrease Duration      Other (specify):		A. State      H. Independent School Dist. B. County      I. State Controlled Institution of Higher Learning C. Municipal      J. Private University D. Township      K. Indian Tribe E. Interstate      L. Individual F. Intermunicipal      M. Profit Organization G. Special District      N. Other (Specify):	
		<b>9. NAME OF FEDERAL AGENCY:</b> DEPT Health & Human Services / SAMHSA	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 9 3 - 1 0 4 TITLE: Child Mental Health Initiative		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> System of Care for Children With SED - Crraighead County Connections for Kids Project	
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Craighead County, AR			
<b>13. PROPOSED PROJECT:</b> Start Date      Ending Date		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant      b. Project First Congressioanl District of Arkansas      First Congressioanl District of Arkansas	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 597,378.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 10/14/2003	
b. Applicant	\$ .00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372	
c. State	\$ 199,126.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00	<b>17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES      If "Yes," attach an explanation.      No <input checked="" type="checkbox"/>	
g. TOTAL	\$ 796,504.00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Typed Name of Authorized Representative</b> Hubert Brodell		<b>b. Title</b> Mayor	<b>c. Telephone number</b> 870-932-1052
<b>d. Signature of Authorized Representative</b>		<b>e. Date Signed</b> 10/14/03	