UTILIZATION REPORT

FOR

MISCELLANEOUS FEDERAL GRANT PROGRAM APPROPRIATION AND PERSONNEL AUTHORIZATION REQUEST A.C.A. §19-7-501 ET SEQ.

Date:			Legislative Review Date:								
Agency:	Agency: Program Ti										
Granting C	Grant #:										
Effective Date of Authorization: Beginning:					Ending:						
Purpose of	f Grant / Re	ason for add	dition or ch	ange: (include	attachments as necessary to provide thorough information):						
Project-Grant Funding Business Area Code:											
Funds Cen	Continuation of Existing Program:										
Fund Code: Functional Area Code:					Change in Existing Program: New Program:						
				New		State	_ _	Other Matching Funds		Project Total	
Regular Sa	alaries		reuer	al Funds	Matci	ning Fund	5 r	raccing F	unus	l	<u>-</u>
Extra Help											-
	ervices Mate	ching									-
Operating	Expenses										-
Conference & Travel Expenses											-
Professional Fees											-
Capital Ou	tlay										-
Data Proce	essing										-
	d Aid (CI: 04	ł)									-
Other:											-
Other:			<u>.</u>								-
Total \$ - \\$ - \\$ -											
	tages Oth	er	Total		Тур	e of Feder	al Grant				
FY25 FY26	Federal		State				0% 0%			WIOA Non-WIOA	
FY26 FY27							0%				
FY28 FY29							0% 0%				
						·					
Anticipated Duration of Federal Funds: DFA IGS State Technology Planning Date Items requested for information technology must be in compliance with Technology Plans as submitted to DFA IGS State Technology Planning.											
Positions Org	to be esta Pers	blished: (I Pers	ist each po Cost	sition separa Position	tely) Cmnt				Class	* unclassi	fied positions only Line Item
Unit	Area	SubArea	Center	Number	Item		Position Titl	e	Code	Grade	Maximum *
State funds will not be used to replace federal funds when such funds expire, unless appropriated by the General Assembly and authorized by the Governor. Approved by:											
Agency Secretary/Director			Date	Offic	e of Budget	Date	<u></u> е	Office of Personnel Mgmt Date			