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

Date: Grant ID		Legislative Review Date:			
Agency:		Program Title:			
Granting Organization:			Grant #:		
Effective Date of Authorization:	Beginning:	Ending:			

Purpose of Grant / Reason for addition or change: (include attachments as necessary to provide thorough information):

## **Project-Grant Funding**

Business Area Code:	
Funds Center Code:	Continuation of Existing Program:
Fund Code:	Change in Existing Program:
Functional Area Code:	New Program:

	New	State	Other	Project
	Federal Funds	Matching Funds	Matching Funds	Total
Regular Salaries				-
Extra Help				-
Personal Services Matching				-
Operating Expenses				-
Conference & Travel Expenses				-
Professional Fees				-
Capital Outlay				-
Data Processing				-
Grants and Aid (CI: 04)				-
Other:				-
Other:				-
Total	\$-	\$-	\$-	\$-

		Type of Federal Grant			
	Federal	State	Other	Total	
FY25				0%	WIOA
FY26				0%	
FY27				0%	Non-WIOA
FY28				0%	
FY29				0%	
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Anticipated Duration of Federal Funds:

DFA IGS State Technology Planning	Date
Items requested for information technology r	must be in

compliance with Technology Plans as submitted to DFA IGS State Technology Planning.

	Docitions	to be esta	hlichad: (I	list oach n	ocition conorol	toly)			* unclassif	ind positions only
i.	Positions to be established: (list each position separately)									ied positions only
	Org	Pers	Pers	Cost	Position	Cmnt		Class		Line Item
	Unit	Area	SubArea	Center	Number	Item	Position Title	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: