

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

Date: 1/14/2019 Grant ID: 4600041069 Legislative Review Date: _____
 Agency: Department of Career Education Program Title: DCO SNAP 3rd Party E & T
 Granting Organization: Arkansas Department of Human Services Grant #: _____
 Effective Date of Authorization: Beginning: 07/01/2018 Ending: 6/30/2019

Purpose of Grant / Reason for addition or change: (include attachments as necessary to provide thorough information):
 The Department of Career Education is providing Education and Training services for the Department of Human Services under their federal SNAP program. Our agreement with DHS was amended to extend the end date to 6/30/2019 and to provide \$730,130 additional funding for the current fiscal year.

Project-Grant Funding

Business Area Code: 0590
 Funds Center Code: 645
 Fund Code: NEW
 Functional Area Code: EDUC

Continuation of Existing Program: _____
 Change in Existing Program: _____
 New Program: X

	New Federal Funds	State Matching Funds	Other Matching Funds	Project Total
Regular Salaries	55,000			55,000
Extra Help				-
Operating Expenses				-
Personal Services Matching	17,000			17,000
Conference & Travel Expenses				-
Professional Fees				-
Capital Outlay				-
Data Processing				-
American Recovery and Reinvestment Act of 2009				-
Other: Grants & Aids	658,130			658,130
Other:				-
Total	\$ 730,130	\$ -	\$ -	\$ 730,130

Funding Percentages

	Federal	State	Other	Total
FY19	100%			100%
FY20				0%
FY21				0%
FY22				0%
FY23				0%

Type of Federal Grant

WIA X
 Non-WIA _____
 ARRA _____

Anticipated Duration of Federal Funds: 06/30/2019

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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 to be established: (list each position separately)

Org Unit	Pers Area	Pers SubArea	Cost Center	Position Number	Comnt Item	Position Title	Class Code	Grade	Line Item Maximum *
22166838	WE16	NEL1	361320		#####	Grants Manager	G109C	GS09	
22166839	WE16	OAL1	361320		#####	Grants Analyst	G180C	GS06	
22166835	WE16	NEL1	361320		#####	ACE Program Advisor	E062C	GS09	

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: _____ Date: 1/14/19
 _____ Date: 1-15-19
 _____ Date: _____

Agency Director Office of Budget Office of Personnel Mgmt

add
1/17/19

[Handwritten initials]
1/16/19