****

**Act 1131 of 2015  
Regional Workforce Implementation Grant**

**SPEND DOWN PLAN COVER SHEET**

*Prior to being considered for receipt of a Continuation Grant, each Implementation Grant recipient must submit a plan for spending down any funds that may remain after July 1, 2018. Please use the pages that follow for submission of that plan. Plans should be emailed to* [*ADHE.Workforce.Grant@adhe.edu*](mailto:ADHE.WorkforceGrant@adhe.edu)*.*

*DUE PRIOR TO SUBMISSION OF CONTINUATION GRANT PROPOSAL*

|  |  |
| --- | --- |
| **To:** | Arkansas Department of Higher Education |
| **Lead Institution:** |  |
| **Title of Project:** |  |
| **Date Submitted:** |  |
| **Contact:** | Contact Name |
| **Contact Information:** | Address  City, State ZIP |
| Phone |
| Email |

**Authorized Signatures for Institution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | | |  |
| Lead Institution |  | Authorized Official |  |

**Financial Report – Spend Down Plan**

*In the fields below, please enter your actual expenditures in each category as of June 30, 2018. Totals will calculate automatically based on your input.*

|  |  |  |  |
| --- | --- | --- | --- |
| **A. PROGRAM LEADERSHIP SUPPORT COSTS** | |  |  |
|  | 1. Personnel/Stipend |  | $0.00 |
|  | 2. Travel |  | $0.00 |
|  | 3. Other (Explain Below) |  | $0.00 |
|  | Briefly Explain Other Costs |  |  |
|  | **TOTAL PARTNER PARTICIPANT COSTS** |  | $0.00 |
|  |  |  |  |
| **B. OTHER DIRECT COSTS** | |  |  |
|  | 1. Equipment |  | $0.00 |
|  | 2. Materials and Supplies |  | $0.00 |
|  | 3. Publication Costs/Documentation/Dissemination |  | $0.00 |
|  | 4. Consultant Services |  | $0.00 |
|  | 5. Other (Explain Below) |  | $0.00 |
|  | Briefly Explain Other Costs |  |  |
|  | **TOTAL OTHER DIRECT COSTS** |  | $0.00 |
|  |  |  |  |
| **C. TOTAL DIRECT COSTS (A & B)** | |  | $0.00 |
|  | |  |  |
| **D. COST SHARING (Minimum 10% of C; up to $50,000)** | |  | $0.00 |
|  | |  |  |
| **Total Implementation Grant Expenditures & Cost Sharing as of June 30, 2018** | |  | $0.00 |

*Other Notes*

|  |
| --- |
|  |

**Narrative – Spend Down Plan**

*Please enter your detailed plan in the box provided below. Be sure to include itemized expenditures for each line item in your budget that will have unspent funds and a timeline for spending those funds.*