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

**SPEND DOWN PLAN UPDATE COVER SHEET**

*Each Implementation Grant recipient who submitted a plan for spending down any funds that would remain after July 1, 2018 who had remaining funds after July 30, 2018, must provide an update to that plan by* ***December 15, 2018****. Please use the pages that follow for submission of that update. Plans should be emailed to* *ADHE.Workforce.Grant@adhe.edu**.*

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

**Authorized Signatures for Institution**

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

**Financial Report – Spend Down Plan Update**

*In the fields below, please enter your actual expenditures in each category as of December 1, 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 December 1, 2018** |  | $0.00 |

*Other Notes*

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| --- |
|  |

**Narrative – Spend Down Plan**

*Please enter an itemized list of expenditures for each line item listed in the above budget. Please list the date that each item was expended. Include all encumbered items and include the date encumbered.*