

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

Ex. J

Date: ##### Grant ID 93.791 Legislative Review Date: _____
 Agency: Arkansas Department of Human Services/DAABHS Program Title: Money Follows the Person
 Granting Organization: Department of Health and Human Services Centers for Medicare and Medicaid Service Grant #: 1LICMS300145
 Effective Date of Authorization: Beginning: 7/1/2022 Ending: 6/30/2023

Purpose of Grant / Reason for addition or change: (include attachments as necessary to provide thorough information):
 Position requests to support activities related to Money Follows the Person program.

Project-Grant Funding

Business Area Code: 0710 Continuation of Existing Program: _____
 Funds Center Code: 896 Change in Existing Program: X
 Fund Code: PWP2000 New Program: _____
 Functional Area Code: HHS

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

Funding Percentages

Type of Federal Grant

	Federal	State	Other	Total
FY23	100%			100%
FY24	100%			100%
FY25	100%			100%
FY26	100%			100%
FY27	0%			0%

WIA _____
 Non-WIA X

Anticipated Duration of Federal Funds: 09/30/2025

DFA IGS State Technology Planning		Date
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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)

* unclassified positions only

Org Unit	Pers Area	Pers SubArea	Cost Center	Position Number	Cmnt Item	Position Title	Class Code	Grade	Line Item Maximum *
0710	HS29	NEL1	417038		501:00:00/ 501:00:03	Program Eligibility Coordinator II	M018C	GS08	
0710	HS29	NEL1	417038		501:00:00/ 501:00:03	Fiscal Support Specialist	A098C	GS04	
0710	HS29	NEL1	417038		501:00:00/ 501:00:03	Program Specialist	G210C	GS06	
0710	HS29	NEL1	417038		501:00:00/ 501:00:03	Program Specialist	G210C	GS06	

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: [Signature] 02/28/23
 Agency Director Date
[Signature] 3/3/23

Robert Brech 03/10/2023
 Office of Budget Date

[Signature]
 03/10/2023

[Signature] 3/8/23
 Office of Personnel Mgmt Date
SO 3/8/23
 Revised 03/29/2021