

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

Date: 10/24/2013 Grant ID 1 HBEIE140180-01-00 Legislative Review Date: _____

Agency: Arkansas Insurance Department Program Title: ACA Cooperative Agreement Level One "D"

Granting Organization: Health & Human Services Grant #: 1 HBEIE140180-01-00

Effective Date of Authorization: Beginning: 10/23/2013 Ending: 06/30/2014

Purpose of Grant / Reason for addition or change: (include attachments as necessary to provide thorough information):
 Support establishment of the Arkansas-operated components of the Federally-facilitated Health Benefits Exchange.

Project-Grant Funding

Business Area Code: 0425
 Funds Center Code: _____
 Fund Code: FID1204
 Functional Area Code: COMM

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

	New Federal Funds	State Matching Funds	Other Matching Funds	Project Total
Regular Salaries	521,881			521,881
Extra Help				
Operating Expenses	402,005			402,005
Personal Services Matching	183,521			183,521
Conference & Travel Expense	110,701			110,701
Professional Fees	9,423,295			9,423,295
Capital Outlay				
Data Processing				
American Recovery and Reinvestment Act of 2009				
Others:				
Total	\$ 10,641,403	\$	\$	\$ 10,641,403

Funding Percentages

Type of Federal Grant

	Federal	State	Other	Total
FY 14	100 %	%	%	100 %
FY 15	100 %	%	%	100 %
FY 16	%	%	%	%
FY 17	%	%	%	%
FY 18	%	%	%	%

WIA
 Non-WIA
 ARRA

Anticipated Duration of Federal Funds 10/22/2014

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)

* Gr 66 & 99 only

Personnel Area	Position Number	Cost Center	Commitment Item	Position Title	Class Code	Grade	Line Item Maximum*
1N01		327809	501:00:00	Insurance Consumer Protection Manager	X018C	C124	
1N01		327809	501:00:00	Insurance Investigator	X123C	C116	
1N01		327809	501:00:00	Administrative Specialist II	C073C	C109	
1N01		327809	501:00:00	Insurance Investigator	X123C	C116	
1N01		327809	501:00:00	Administrative Specialist II	C073C	C109	

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] 10/25/13
Agency Director Date

[Signature] 11/29/13
Office of Budget Date
KUD

[Signature]
Office of Personnel Mgmt Date
J. Herb Scott
11/27/13

Budget Miscellaneous Federal Grant (R 05/05/13)