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# FY19 Spending Report

**Due Date: June 14, 2019**

*This form must be completed by all programs.*

*MOVA reserves the right to adjust your approved FY19/FY20 budget.*

## Agency Information

| Agency Name | Agency Name | | | |
| --- | --- | --- | --- | --- |
| Program Name | Program Name | | | |
|  | |  | | |
| Is the program is 100% operational? (i.e. has no vacant positions to fill.) | | | Yes  as of: Date | No |

## FY19 Spending Report

|  |  |
| --- | --- |
| 1. Indicate the number of vacant positions, job title, and length of time each position was vacant. | |
| *Response* | Type here |
| 1. If applicable, describe steps taken to fill vacant positions, past or current during FY19. | |
| Response | Type here |
| 1. If unspent funding is not due to a vacancy, describe which budget category and/or item went unspent and why. | |
| Response | Type here |
| 1. Is the program requesting to re-allocate funding from FY19 to FY20?   Yes  No  If yes, include justification. Note: MOVA will not allow a decrease in FTEs in FY20 or new positions. | |
| Response | Type here |