Appendix D

American Recovery & Reinvestment Act

Alabama Community College System

Monthly Update Form

Institution: ___J. F. Ingram_____

Date of Submission: _____Oct 1, 2009_____

The amounts entered below should <u>not</u> represent monthly totals. They should report cumulative totals for the Recovery Act life of the program/grant.

1) Grant Name	State Fiscal Stabilization Funds
2) CFDA Number:	84.394
3) Status of Application:	Options will include: Approved)
4) Which type of recipient are you?	Sub-recipient of the State of Alabama
5) Application Date:	N/A
6) Award Date:	October 1, 2009
7) Status of Expenditures:	No expenditures to date
8) # of Jobs Created:	
9) # of Jobs Retained:	
10) ARRA Funds Awarded:	$367805
11) ARRA Funds Received:	0
12) ARRA Funds Expended:	0
13) Performance Metric 1 (if applicable)	This should include brief statistical information.
14) Performance Metric 2 (if applicable)	
15) Performance Metric 3 (if applicable)	

Institution information verified by: _____

Dr. Rickey A. Huffstutler