**Arkansas Adult Education**

**Administration Cost Waiver Form**

**2025-2026 PY**

LEA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEA Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant: \_\_\_\_ ABE \_\_\_\_ GAE \_\_\_\_ D&E \_\_\_\_ C&I \_\_\_\_ IEL/CE \_\_\_Other

Grant Amount: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administration Costs Amount: \_\_\_\_ % and $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order to request that your program be allowed to spend more than the federally allowed 5% or state allowed 10% of its overall budget in 01 Administration costs, please provide detailed justification below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEA Administrator Name LEA Administrator Signature Date