



**Financial Status Report**

OMB Approval  
No. 1205-0428

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pages

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	Expires: 10/31/04
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3. Recipient (Name and complete address, including ZIP code)

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Current Program Year (see instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by the Report From: (Month, Day, Year)	To: (Month, Day, Year)
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10. Transactions:	Cumulative
a. Total Federal outlays	
b. Refunds, rebates, etc.	
c. Total Administrative outlays	
d. Related Assistance Outlays	
e. Other Program Services Outlays	
f. Net Federal outlays (Line a minus b)	
g. Recipient outlays for allowable program activities	
h. Net Federal outlays	
i. Federal unliquidated obligations	
j. Total Federal obligations (Line h plus Line i)	
k. Total federal funds authorized for this funding period	
l. Unobligated balance of Federal funds (line k minus Line l)	

Program income consisting of:

m. Disbursed program income using the addition alternative	
n. Undisbursed program income	
o. Total program income realized (Line m plus n)	

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)				
	<input type="checkbox"/> Provisional	<input type="checkbox"/> Predetermined	<input type="checkbox"/> Final	<input type="checkbox"/> Fixed	
	b. Rate	c. Base	d. Total Amount	e. Federal Share	

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Signature of Authorized Certifying Official	Date Report Submitted

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents obligation to reply to these reporting requirements are Mandatory (WIA; 20 CFR 652 et al). Public reporting burden for this collection of information is estimates to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestion for reducing this burden to the U.S. Department of Labor, Office of Welfare-to-Work, Room N-4716, Washington, D.C. 20210 (Paperwork Reduction Project (1205-0428)).