

**Workforce Investment Act  
NATIONAL EMERGENCY  
GRANT ACTIVITIES**

**U.S. Department of Labor**  
Employment and Training Administration



<b>Financial Status Report</b>		OMB Approval No. 1205-0434	Page of
1. Federal Agency and Organizational Element to Which Report is Submitted	2. PMS Document Code	Expires: 07/31/05	pages

3. Recipient (Name and complete address, including ZIP code)

4. Employer Identification Number	5. Project 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. Funding Source	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. Net Federal outlays (Line a minus b)	
e. Recipient outlays for allowable program activities	
f. Net Federal outlays	
g. Federal unliquidated obligations	
h. Total Federal obligations (Line f plus Line g)	
i. Total federal funds authorized for this funding period (project/fund source)	
j. Unobligated balance of Federal funds (line i minus Line h)	
Program income consisting of:	
k. Disbursed program income using the addition method	
l. Undisbursed program income	
m. Total program income realized (Line k plus l)	

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

12. 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 1/2 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 (1205-0434).