

**Trade Adjustment Assistance (TAA) Program
Reserve Funding Request Form**

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

OMB Approval NO. 1205-0275 Expiration Date: 1/31/2010
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1. State: _____ 3. Total Amount of Funds Requested: _____

a. Training: _____

2. Report Period Ending: _____ b. Job Search/Relocation: _____

4. FINANCIAL DATA: (Complete for each relevant fiscal year allocation)

Fiscal Year : **Period Covered by this Report (Month, Day, Year):** **From:** _____ **To:** _____

	Admin	Job Search Relocation	Training	Program Total (2 + 3)	Grand Total (1 + 4)
	(1)	(2)	(3)	(4)	(5)
A. TAA Funds Received to Date				\$ -	\$ -
B. Cumulative Obligations		\$ -		\$ -	\$ -
C. Unobligated Balance	\$ -	\$ -	\$ -	\$ -	\$ -
D. Cumulative Accrued Expenditures		\$ -		\$ -	\$ -

Fiscal Year : **Period Covered by this Report (Month, Day, Year):** **From:** _____ **To:** _____

	Admin	Job Search Relocation	Training	Program Total (2 + 3)	Grand Total (1 + 4)
	(1)	(2)	(3)	(4)	(5)
A. TAA Funds Received to Date				\$ -	\$ -
B. Cumulative Obligations		\$ -		\$ -	\$ -
C. Unobligated Balance	\$ -	\$ -	\$ -	\$ -	\$ -
D. Cumulative Accrued Expenditures		\$ -		\$ -	\$ -

Fiscal Year : **Period Covered by this Report (Month, Day, Year):** **From:** _____ **To:** _____

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	(1)	(2)	(3)	(4)	(5)
A. TAA Funds Received to Date				\$ -	\$ -
B. Cumulative Obligations	\$ -	\$ -		\$ -	\$ -
C. Unobligated Balance	\$ -	\$ -	\$ -	\$ -	\$ -
D. Cumulative Accrued Expenditures	\$ -	\$ -		\$ -	\$ -

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5. JUSTIFICATION FOR REQUEST:

CERTIFICATION: I certify that to the best of my knowledge and belief that the information provided herein is accurate and complete, and that report obligations are reflected in agency records.

Signature: _____

Title:

Date:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 2 hours 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. [Respondent's obligation to respond are required to obtain or retain benefits (Trade Adjustment Assistance Reform Act of 2002)] Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Labor, Division of Trade Adjustment Assistance, Room C-5311, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0275).
