

**ET HANDBOOK NO. 336**

**18<sup>th</sup> Edition**

## **APPENDIX II**

**REPORTING FORMS AND FORMATS**

# WORKSHEET UI-3

U.S. DEPARTMENT OF LABOR  
Employment and Training Administration

Exp. Date 08/31/2011  
OMB Approval #1205-0132

WORKSHEET UI-3	QUARTERLY UI ABOVE-BASE EARNINGS REPORT		
State _____	Fiscal Year _____	Quarter _____	

Section A: Program Staff Year Usage			
Program Category	Quarter		Year-to-Date
	(a) SY Worked	(b) SY Paid	(c) SY Paid
1. Claims Activities			
2. Employer Activities			
3. UI PERFORMS			
4. Support/AS&T			
5. Trade Claims Activities			
6. Other			
7. Total Staff Years			

Section B: Regular Above-Base Entitlement Certification			
Standard Hours: Quarterly _____ Year-to-Date _____ Yearly _____			
Claims Activity	(a) Workload	(b) MPU	(c)
1. Initial Claims (Regular, EB, and STC)			
2. Initial Claims (Third Tier)			
3. Weeks Claimed (Regular, EB, and STC)			
4. Weeks Claimed (Third Tier)			
5. Nonmonetary Deter. (Regular, EB, and STC)			
6. Nonmonetary Deter. (Third Tier)			
7. Appeals (Regular, EB, and STC)			
8. Appeals (Third Tier)			
9. Interstate Appeals Taken (IB-101)			
10. Interstate Agent Referrals			
11. Multiclient Services			
12. Monetary Redeterminations			
13. SAVE			
14. Total Staff Years Worked/Earned = Sum of Lines 1 through 13			
15. Entitlement Staff Years Worked = Line 14 - Base SY Worked (____)			
16. Entitlement Staff Years Paid = Line 15 x Experienced Leave (____)			
17. PS/PB Entitlement \$ = Line 16 x Regular Above-Base PS/PB Rate (\$____)			
18. Support Entitlement \$ = Line 17 x Above-Base Support Percentage (____%)			
19. Other \$ (Specify)			
20. Total Dollar Costs = Line 17 + Line 18 + Line 19			
21. Advance			
22. Net Dollar Entitlement = Line 20 - Line 21			

CERTIFICATION: I certify to the best of my knowledge and belief that information provided herein is accurate and complete, and was obtained from agency accounting records.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Employment and Training Administration  
 #1205-0132

OMB Approval

WORKSHEET UI-3 (Continued)		QUARTERLY UI ABOVE-BASE REPORT	
State	Fiscal Year	Quarter	

Section C: Trade ABOVE-BASE Entitlement Certification			
Standard Hours: Quarterly _____ Year-to-Date _____ Yearly _____			
Claims Activity	(a) Workload	(b) MPU	(c)
1. Initial Claims			
2. Weeks Claimed			
3. Nonmonetary Determinations			
4. Appeals			
5. Trade Redeterminations			
6. Other Staff Years (Specify)			
7. Total Staff Years Worked = Sum of Lines 1 through 6			
8. Staff Years Paid = Line 7 x Experienced Leave ( _____ )			
9. PS/PB Entitlement \$ = Line 8 x Trade PS, Regular Above-Base PB Rate (\$ _____)			
10. Support Entitlement \$ = Line 9 x Trade Support Percentage ( ____ %)			
11. Other \$ (Specify)			
12. Total Trade Dollar Costs = Line 9 + Line 10 + Line 11			

Section D: Additional Benefits Above-Base Entitlement Certification			
Standard Hours: Quarterly _____ Year-to-Date _____ Yearly _____			
Claims Activity	(a) Workload	(b) MPU	(c)
1. Initial Claims			
2. Weeks Claimed			
3. Nonmonetary Determinations			
4. Appeals			
5. Monetary Redeterminations			
6. Other Staff Years (Specify)			
7. Total Staff Years Worked = Sum of Lines 1 through 6			
8. Staff Years Paid = Line 7 x Regular Above-Base Experienced Leave ( _____ )			
9. PS/PB Entitlement \$ = Line 8 x Regular Above-Base PS/PB Rate (\$ _____)			
10. Support Entitlement \$ = Line 9 x Regular Above-Base Support Percentage ( ____ %)			
11. Other \$ (Specify)			
12. Total AB Dollar Costs = Line 9 + Line 10 + Line 11			

# INSTRUCTIONS FOR THE UI-3

Public Reporting Burden for the collection of this information is estimated to average 120 minutes per response, including 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Unemployment Insurance Service/ETA, U.S. Department of Labor, Room S-4231, 200 Constitution Avenue, N.W., Washington, D.C. 20210, and or/ to the Office of IRM Policy, U.S. Department of Labor, Room N-1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; Paperwork Reduction Project (1205-0132)

Please type or print legibly. The following general instructions explain how to use the form itself.

## General Instructions

This form is designed so that application can be made for funds from one or more grant programs (Regular UI, Trade, and Additional Benefits). The SAVE program is included on Section B of the UI-3 in order to reimburse ongoing operational costs related to the SAVE program.

The electronic version of this form appears slightly different on the computer screen than the one included in these instructions, which is provided for display only. States should submit their reports electronically. There is minimal data entry necessary in the current UI-3s. Workloads, MPUs, Staff Years Worked/Earned and Experienced Leave Rates are all automatically entered. In addition, the electronic version has a "Comments" section to explain entries in the "Other Staff Years" or "Other \$" lines, but does not have a block for certification by a State official. States are urged to use the comment section for explanations of "Other" lines. The comments section is heavily relied upon during the review of the report.

Note: Throughout the UI-3 reports, listed as Sections A, B, C, and D in these instructions, States should enter zero (0) in any cell that must be manually entered but has no data (no activity) for the particular quarter being reported on.

Minutes Per Unit. Minutes per unit (MPU) for each of the four broadband activities in Lines 1 through 8 in Section B and Lines 1 through 4 in Sections C and D are allocated in the annual base budget and the Above-Base funding process. These budgeted MPU values vary for each State from year to year; however, static MPU values have been established for the following functions:

IB Agent Appeals (Line 9, Section B)	20.0	
Interstate Referrals (Line 10, Section B)	15.0	
Redeterminations (Line 12, Section B and Line 5, Section C and D)		(promulgated in the Unemployment Insurance Program Letter (UIPL) for the allocations)
SAVE (Line 13, Section B)	6.5	

Position Computation. Generally, staff years earned are computed by multiplying workload by minutes per unit and dividing by the minutes available in the relevant period. This computation yields the number of staff required in the budget period to accomplish the workload. For a calendar quarter, the formulae are expressed as follows:

$$\begin{aligned} &(\text{Workload} \times \text{MPU}) / (60 \times \text{Quarter Hours Paid}) = \text{Staff Years Worked/Earned.} \\ &\text{Staff Years Worked/Earned} \times \text{Experienced Leave Factor} = \text{Staff Years Paid/Earned.} \end{aligned}$$

Experienced Leave Factor. The experienced leave factor is calculated by dividing the quarterly staff years paid/used by the quarterly staff years worked/used for that program activity. Regular UI and Trade Above-Base have different experienced leave factors.

Personal Services/Personnel Benefits (PS/PB) Rate. Attachment II to the UIPL for the yearly allocations contains the approved annual Regular UI Above-Base PS/PB rates. These are expressed as annual rates and must be converted to a quarterly equivalent for use on the UI-3. A staff hour conversion factor should be used by determining the number of staff hours in the quarter as a ratio of staff hours in the year and applying this ratio to the annual rate. For the Trade program, states may use the average experienced personal services rate of staff working in Trade claims activities. Trade personnel benefits will be funded at the same rate as the Regular Above-Base program.

Support. The support percentage may vary from one year to another and from one program to another. Therefore, the total support percentage will be promulgated in the UIPL for the yearly allocations.

## Section A. Program Staff Year Usage

## Lines 1-7, Columns (a) through (c)

Complete this section for current quarter and fiscal year-to-date. This section lists the UI categories to be reported. For each of Lines 1-7 in Section A, enter quarterly staff years worked in Column (a), quarterly staff years paid in Column (b), and year-to-date staff years paid in Column (c). These lines should reflect total staff years. No adjustment should be made for staff years financed with prior year carry-forward funds.

**Line 1** - Enter staff years for claims activities including initial claims, weeks claimed, eligibility reviews, nonmonetary determinations, appeals, and multi-claimant services.

**Line 2** - Enter staff years for employer activities including wage records, tax, and tax travel.

**Line 3** - Enter staff years for UI PERFORMS activities, less UI PERFORMS AS&T.

**Line 4** - Enter staff years for support activities for the UI and Trade programs including benefits and appeals travel, benefit payment control, UI support, internal security, interstate, automation grants staff, and administrative staff and technical services (AS&T), including UI PERFORMS and Trade AS&T. (Note: Some accounting reports that states use to populate the UI-3 do not show AS&T staff years worked in these programs. The SWA should estimate the AS&T staff years worked by analyzing the percentage of AS&T staff years paid charged to these programs.)

**Line 5** - Enter staff years for claims activities under the Trade Adjustment Assistance (TAA) provisions of the Trade Act of 1974, as amended.

**Line 6** - Enter staff years for special funded activities not included in the above lines (e.g., SAVE), and for activities funded with national activities funds (excluding cooperative agreements).

**Line 7** - Enter the sum of the staff years in Lines 1 through 6, for each column.

## Section B. Regular Above-Base Entitlement Certification

### Lines 1-13, Column (a)

Total workload in Section B will include data from the Regular UI, Extended Benefits (EB), and Short-Time Compensation (STC) programs, and, if enacted, third tier programs (e.g., FSB, FSC, EUC, and TEUC). The following table shows the source of data for total workloads:

**Line 1** - Data will automatically be entered from the ETA 5159 Regular, EB, and STC reports: the sum of lines 101, 102, and 103 for columns 2, 3, 5, and 7 of the Regular and EB reports, and the sum of columns 2 and 3 for line 101 of the STC report.

**Line 2** - Data will automatically be entered from the ETA 5159 (Third Tier): the sum of lines 101, 102, and 103 for columns 2, 3, 4, and 7.

**Line 3** - Data will automatically be entered from the ETA 5159 Regular, EB, and STC reports: the sum of lines 201, 202, and 203 for columns 10 and 13 of the Regular and EB reports, and the workload in line 201, column 9 of the STC report.

**Line 4** - Data will automatically be entered from the ETA 5159 (Third Tier) report: the sum of lines 201, 202, and 203 for columns 10 and 13.

**Line 5** - Data will automatically be entered from the ETA 207 Regular and EB reports: the sum of lines 101, 103, and 105 for column 1.

**Line 6** - Data will automatically be entered from the ETA 207 (Third Tier) report: the sum of lines 101, 103, and 105 for column 1.

**Line 7** - Data will automatically be entered from the ETA 5130 Regular and EB reports: the sum of columns 1 through 6 in line 100.

**Line 8** - Data will automatically be entered from the ETA 5130 (Third Tier) report: the sum of columns 1 through 6 in line 100.

**Line 9** - States should enter IB Agent Appeals: the sum of IB-101s sent to liable States.

**Line 10** - Data will automatically be entered from the ETA 5159 Regular and EB reports: the difference between the sum of column 4 and the sum of column 5.

**Line 11** - States should enter the number of multi-claimant appeals (not appellants). Line 11 is automatically subtracted from line 7 before Staff Years Worked/Earned are calculated on line 7.

**Line 12** - States should enter the number of monetary redeterminations. (Reserved for future use.)

**Line 13** - Data will automatically be entered from line 1 of the ETA 9016.

\* OMB Approval Numbers: ETA 5159: #1205-0010, expires 05/31/2006; ETA 207: #1205-0150, expires 10/31/2004; ETA 5130: #1205-0172, expires 10/31/2004; ETA 9016: #1205-0268, expires 02/28/2005

**Lines 1-10 and Lines 12-13, Column (b)**

The appropriate MPU values will be entered automatically. If another MPU value is necessary for Line 12, the defaulted MPU value can be overwritten.

**Lines 1-10 and Lines 12-13, Column (c)**

Staff years worked/earned will be calculated automatically using the formula in the General Instructions.

**Line 11, Column (c)**

States should enter the number of staff years worked/used for processing multi-claimant non-monetary determinations and appeals for activities such as labor dispute determinations for individual claimants or retroactive payments resulting from an appeal decision. The quarter-to-date multi-claimant staff years used (extracted from the cost distribution report) should be entered in column (c), line 11, Section B. Note: the computer software automatically subtracts the workload count in column (a), line 11 from the workload count (column a) in lines 7 before Staff Years Worked/Earned are computed in column (c), line 7.

**Line 14-** The Total Staff Years Worked/Earned will be automatically calculated from Lines 1 through 13, column (c).

**Line 15-** Entitlement Staff Years Worked will automatically be calculated by subtracting Base Staff Years Worked for the given quarter from Staff Years Worked/Earned (Line 14). Base Staff Years Worked will automatically be calculated and entered in the parentheses on line 15. Base Staff Years Worked will be calculated by dividing the Hours per Staff Years Paid by the Hours per Staff Year Worked for the appropriate quarter from the UI-1 to determine the budgeted leave factor; the number of Claims Activity Staff Years Paid will be divided by the budgeted leave factor for that quarter. States which have noted the breakout of quarterly hours in the remarks section of their SF 424-A (See instructions in the yearly UIPL providing Resource Planning Targets and Guidelines; and the UIPL used to promulgate the Resource Allocations) may override the defaulted Base Staff Years Worked entered by the system with their own calculated Base Staff Years Worked.

**Line 16-** Entitlement Staff Years Paid will automatically be calculated by the system by multiplying the experienced leave factor by the data in Line 15, Column (c). The experienced leave factor will automatically be calculated by dividing the quarterly staff years paid by the staff years worked for claims activities as reported in Line 1, Section A. The experienced leave factor will automatically be entered in the parentheses on Line 16. If part-time or temporary staff do not earn leave, the staff year entitlement in Line 16 will be equal to the entitlement in Line 15.

**Line 17-** States should enter the Regular UI Above-Base quarterly PS/PB rate, which will automatically be multiplied by the data in Line 16.

**Line 18-** States should enter the Regular UI Above-Base Support percentage, which will automatically be multiplied by the data in Line 17.

**Line 19-** States should enter costs relating to special cases and note these in the comments section. States should also enter other costs relating to the SAVE program - such as computer access charges and equipment, and phone leasing charges. The General Services Administration bills states that use the Immigration and Naturalization Service's (INS) computer database to verify claimants' immigration status. In addition, some States must lease phone Lines and equipment in order to use the INS database. These costs are fully reimbursed; however, states that are approved to use the INTERNET system to obtain access to the INS database may not claim leased Line and equipment costs. States should specify all such costs in the "Comments" section.

**Line 20-** Total dollar costs, the sum of lines 17, 18, and 19 will automatically be calculated and entered on line 20.

**Line 21-** States should enter the amount of the advance received at the beginning of the quarter for quarterly Above-Base claims operations.

**Line 22-** The net dollar entitlement, Line 22, will automatically be calculated by subtracting the data in line 21 from the data in Line 20 and entered here.

**Section C. Trade Above-Base Entitlement Certification**

**Lines 1-5,**

**Column (a) -** States should enter total workload data which will include data from the Regular Trade program. Its source is State data.

**Column (b) -** Trade broadband MPU values, which will automatically be entered, are identical to the Regular broadband MPU values, except for Trade weeks claimed, which excludes the weighted MPU value for the Eligibility Review Program (ERP) from the Regular weeks claimed MPU value. The Trade Redeterminations MPU value is promulgated in the yearly field memorandum for the allocations.

**Column (c) -** Staff Years Worked/Earned will automatically be calculated by the system using the formula in the General Instructions.

**Line 6 -** States should enter other staff years, such as Trade Benefit Travel staff years worked/used.

**Line 7 -** The sum of lines 1 through 6 in Column (c) will automatically be calculated and entered here.

**Line 8 -** The system will use the same formula to calculate Staff Years Paid as for Section B, but will calculate the experienced leave factor by using Section A, Line 5. If necessary, this defaulted value can be overwritten.

**Line 9 -** States should enter the combined Trade PS and Above-Base PB rate. The system will multiply this rate by the entry in Line 8.

**Line 10-** States should enter the Trade Above-Base Support percentage. The system will use this data and multiply it by the entry in Line 9.

**Line 11-** States should enter other costs relating to Trade Administration in Line 11. Notices in local newspapers for special worker notifications are fully reimbursed. States should specify all such costs in the "Comments" section.

**Line 12-** The system will automatically enter the sum of Lines 9, 10, and 11 here.

#### **Section D. Additional Benefits (AB) Above-Base Entitlement Certification**

Note: Reporting of AB data is not required for statistical purposes, but is necessary in order to calculate the proper entitlement.

##### **Lines 1-5,**

**Column (a) -** States should enter the total broadband AB program workload. Its source is State data.

**Column (b) -** AB broadband MPU values that will automatically be entered are identical to the Regular broadband MPU values. The AB Redeterminations MPU value, which should be manually entered, is promulgated in the yearly field memorandum for the allocations.

**Column (c) -** Staff Years Worked/Earned will automatically be calculated by the system using the formula in the General Instructions.

**Line 6 -** (Reserved for future use.)

**Line 7 -** The sum of Lines 1 through 6 in Column (c) will automatically be calculated and entered here.

**Line 8 -** Staff Years Paid will automatically be calculated by the system by multiplying the same experienced leave factor as for Section B by the data in Line 7.

**Line 9 -** States should enter the Regular UI Above-Base quarterly PS/PB rate in the parentheses on line 9. The system will multiply this rate by the data in Line 8.

**Line 10-** States should enter the Regular UI Above-Base Support percentage in the parentheses on line 10. The system will use this figure and multiply it by the entry in Line 9.

**Line 11-** (Reserved for future use.)

**Line 12-** The system will automatically enter the sum of Lines 9, 10 and 11 here.

# FINANCIAL STATUS REPORT ETA-9130<sup>1</sup>

(To be used by Grantees previously reporting on the SF-269 - unmodified)

## U.S. DOL ETA FINANCIAL REPORT

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by DOL			OMB Approval No 1205-0461  Expires 11/30/2009
3. Recipient Organization (Name and complete address including Zip code)					
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis of Accounting <input type="checkbox"/> Accrual	
8. Project/Grant Period From: (Month, Day, Year)		To: (Month, Day, Year)		9. Reporting Period End Date (Month, Day, Year)	
<b>10. Transactions</b>				Cumulative	
<b>Federal Cash :</b>					
a. Cash Receipts					
b. Cash Disbursements					
c. Cash on Hand (line a minus b)					
<b>Federal Expenditures and Unobligated Balance:</b>					
d. Total Federal funds authorized					
e. Federal share of expenditures					
f. Total administrative expenditures					
g. Federal share of unliquidated obligations					
h. Total Federal obligations (sum of lines e and g)					
i. Unobligated balance of Federal funds (line d minus h)					
<b>Recipient Share:</b>					
j. Total recipient share required					
k. Recipient share of expenditures					
l. Recipient share of unliquidated obligations					
m. Total recipient obligations (sum of lines k and l)					
n. Remaining recipient share to be provided (line j minus m)					
<b>Program Income:</b>					
o. Total Federal program income earned					
p. Program income expended in accordance with the addition method					
q. Unexpended program income (line o minus line p)					
<b>11. Additional expenditure data required</b>					
a. Other Federal funds expended					
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 expenditures and unliquidated obligations are for the purposes set forth in the award documents.					
a. Typed or Printed Name and Title of Authorized Certifying Official			c. Telephone (Area code, number and extension)		
			d. Email address		
b. Signature of Authorized Certifying Official			e. Date Report Submitted (Month, Day, Year)		
			14. Agency use only:		

Prescribed by OMB A-102 and A-110

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (1205-0NEW), Washington, DC 20503.

ETA-9130

<sup>1</sup> The Financial Status Report ETA-9130 form is available at <http://www.doleta.gov/grants/docs/ETA-9130-straightSF269grants.pdf>



7/8/2008

**U.S. DOL ETA  
Financial Report  
Instructions**

**(Basic Instructions for ETA – 9130)**

**Report Submission**

- 1) The U.S. DOL/ETA requires all grant recipients to submit the Financial Report (FR) electronically through an on-line reporting system.
- 2) Recipients are issued a password and a PIN to enable reporting via the on-line reporting system at [www.etareports.doleta.gov](http://www.etareports.doleta.gov). Upon accessing the system, detailed on-line reporting instructions are provided.
- 3) Report submission is a three step process: **1. DATA ENTRY** – the *Secondary Contact* person, designated by the grantee organization, is responsible for entering the required data on the FR, using the password; **2. DATA CERTIFICATION** – the *Primary Contact* person, the designated authorized official in grantee organization, is responsible for certifying the accuracy of the data by entering the PIN; and **3. DATA ACCEPTANCE** – DOL/ETA is responsible for reviewing the certified FR, communicating with grantee as necessary, and accepting the report within 10 working days after report certification. If a modification is required, the certification and acceptance processes must be repeated.

**Reporting Requirements**

- 1) Submission of the FR is required on a quarterly basis. **Reporting quarter end dates shall correspond to the following calendar quarter end dates: March 31, June 30, September 30, and December 31.** A final quarter FR is required at the completion of the quarter encompassing the grant award end date, or at the completion of the quarter in which all funds have been expended, whichever comes first. The final quarterly FR must be indicated by selecting “YES” in Item 6, Final Report.
- 2) Quarterly reports, including the final quarter report, are required to be submitted *no later than 45 calendar days* after the end of each specified reporting period. **The reporting due dates are: May 15, August 15, November 15, and February 15.**
- 3) A closeout report is required to be submitted *no later than 90 calendar days* after the grant end date. The closeout report is separate from (and additional to) the final quarter report and becomes accessible on-line after submittal of the final quarter report. (The closeout report does not need to be completed until the grant closeout process begins.)
- 4) All financial data is required to be reported **cumulative from grant inception**, through the end of each reporting period. Expenditure data is required to be reported on an **accrual basis**.
- 5) A separate FR is required for each program and each fund source (subaccount) awarded to a grant recipient.
- 6) Both cash management and financial status information are required for all reports.

**Assistance with completing the reports can be found primarily through your Federal Project Officer. Technical issues with the on-line reporting system should be directed to: [e-grants.help@dol.gov](mailto:e-grants.help@dol.gov).**

**Please ensure that the certifying official information contained in Items 13a -13d is correct. Any outdated information will delay transmission of the grant’s closeout package and relevant information affecting the grant. To request a change in the signatory/certifying official, you must send an e-mail to [logan.shantav@dol.gov](mailto:logan.shantav@dol.gov) and [malone.avery@dol.gov](mailto:malone.avery@dol.gov).**

## Line Item Instructions for the U.S. DOL ETA Financial Report

FFR Number	Reporting Item	Instructions
<b>Cover Information</b>		
1	Federal Agency and Organizational Element to Which Report is Submitted	“U.S. Department of Labor Employment & Training Administration.” PRE-ENTERED
2	Federal Grant or Other Identifying Number Assigned by Federal Agency	Grant number assigned for the award by DOL/ETA <b>and contained on the grant award document.</b> PRE-ENTERED
3	Recipient Organization	Name and complete address of recipient organization PRE-ENTERED
4a	DUNS Number	Recipient organization’s Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number. PRE-ENTERED
4b	EIN	Recipient organization’s Employer Identification Number (EIN). PRE-ENTERED
5	Recipient Account Number or Identifying Number	Enter the account number or any other identifying number assigned by the recipient to the grant award. <b>This number is strictly for the recipient’s use only and is not required by DOL/ETA.</b>
6	Final Report (Yes/No)	Select appropriate box. Check “Yes” only if this is the final quarter report for subject grant subaccount. For grants with multiple subaccounts, each subaccount may be indicated “final” at the time all funds in that subaccount are expended. However, the grant closeout will not occur until after the grant end date
7	Basis of Accounting (Accrual)	Basis of Accounting is intended to read and be interpreted as “ <b>Basis of Reporting</b> ”.  <b>ACCRUAL</b> has been pre-entered on all reporting formats.  <b>DOL/ETA regulations require that all recipients report expenditures and program income on an accrual basis.</b> For accrual basis reporting, accrued expenditures are recorded when a requirement to pay is established.  <b>Note:</b> Recipients are not required to change their accounting systems to accommodate DOL/ETA requirements that differ from their underlying accounting practices. Instead, recipients must furnish the required accrual information based on available documentation and best estimates.
8	Project/Grant Period, From: (Month, Day, Year)	The beginning date of the grant award as defined in the grant award document. PRE-ENTERED
	Project/Grant Period ,To:	The ending date of the grant award as defined in the grant award

FFR Number	Reporting Item	Instructions
	(Month, Day, Year)	document, and the final date for which any <b>accrued expenditures</b> can be incurred under subject grant award. PRE-ENTERED.
9	Reporting Period End Date: (Month, Day, Year)	The last date of the quarter for which cumulative data is provided on subject FR. (Required reporting quarter end dates are contained in “Reporting Requirements” in first section of these instructions.) PRE-ENTERED
10	<b>Transactions</b>	<p>Enter cumulative amounts in the <b>Cumulative Column</b> for each line item requiring data entry, as of the reporting period end date. <b>NOTE: If any line item does NOT require data entry for a particular grant/program, a ZERO must be entered.</b></p> <p>Line items which will be automatically calculated are grayed out, and no data entry will be permitted by reporting entity.</p> <p>Cumulative data for current reporting quarter will become <b>Previous Period Column</b> in following quarter. <b>This Period</b> data will be automatically calculated. Use Section 12, Remarks, to provide any information deemed necessary to support/explain data provided in this section.</p>
<b>Federal Cash</b>		
10a	:	<p>This amount will be <b>PRE-ENTERED</b> to agree with DOL cumulative quarter-end drawdown records associated with this grant and the specific subaccount identified in Item 2. This amount should coincide with cumulative PMS drawdowns actually received in grantee’s bank account, as of the last working day of the quarter. <i>Drawdowns initiated on the last business day of a quarter will NOT be reflected in this amount, but in the subsequent quarter’s cash receipts. {This amount will be the same as the amount posted in the note above Item 10a which reads “(DOL records reflect total quarter-end cumulative drawdowns of \$ _____).”}</i></p> <p><i>NOTE: For grant recipients operating on a reimbursement basis, this amount will NOT reflect cash utilized from other fund sources of the grantee organization to pay for subject grant activities, until such funds are drawn down under the subaccount specifically associated with this grant as identified in Item 2.</i></p> <p><b>HARD EDIT - Line 10a cannot exceed Line 10d</b></p>
10b	Cash Disbursements	<p>Enter the cumulative amount of <b>cash disbursed from the cash receipts identified on 10a</b>, as of the reporting period end date. The cash disbursements reported must be “all or a portion of” the cash receipts reflected on Item 10a.</p> <p>This entry should reflect the sum of actual cash disbursements for direct charges for goods and services, the amount of cash paid out for indirect expenses charged to the award, and the amount of cash advances and payments made to subrecipients and subcontractors.</p>

FFR Number	Reporting Item	Instructions
		<p><b>HARD EDIT - Line 10b cannot exceed Line 10a.</b></p> <p>SOFT EDIT - Line 10b should not exceed Line 10e.  <b>CAUTION:</b> Line 10e will typically be greater than Line 10b due to the inclusion of accruals, for which payment has not been made. If allowable advances made to sub-entities, cause Line 10b to exceed Line 10e, a valid explanation should be provided in Item 12, Remarks.</p> <p>SOFT EDIT - Line 10b for "This Period" should not be negative.  <b>CAUTION:</b> If entry for this line item is less than previous period cumulative amount, a valid explanation should be provided in Item 12, Remarks.</p>
10c	Cash On Hand (Line 10a minus Line 10b)	<p>This is an automatic calculation, which is Line 10a minus Line 10b. The cash on hand amount should represent immediate cash needs. If any drawdowns were made prematurely, or there are other reasons for any excess cash on hand, an explanation should be provided in Section 12, Remarks.</p> <p><b>HARD EDIT - Line 10c must be equal to Line 10a minus Line 10b</b></p> <p><b>HARD EDIT - Line 10c cannot be negative.</b></p>
<b>Federal Expenditures and Unobligated Balance:</b>		
10d	Total Federal Funds Authorized	<p>This amount is pre-entered for all grants except WIA formula-funded. This entry should agree with the grant award amount specified in the official grant award document for this subaccount, as identified in Item 2. (Discrepancies must be identified by grantee and corrected, as necessary, by the grant officer.)</p>
10e	Federal Share of Expenditures	<p>Enter the cumulative amount of accrued expenditures for allowable costs associated with the funds authorized on Line 10d. Accrued expenditures are the sum of actual cash disbursements for direct charges for goods and services; the amount of indirect expenses charged to the award; <b>MINUS</b> any rebates, refunds, or other credits; <b>PLUS</b> the total costs of all goods and property received or services performed, <b>whether or not an invoice has been received or a cash payment has occurred.</b> Accrued expenditures are to be recorded in the reporting quarter in which they occur, regardless of when the related cash receipts and disbursements take place.</p> <p>Unless cash advances have been made to subrecipients, this entry will usually be greater than Line 10b, cash disbursements, because accruals (goods and services received but not yet paid for) must be included on this line item. In addition, recipients operating on a reimbursement basis must report all accrued expenditures (including cash disbursements for allowable grant activities) in the quarter in which they occur (no matter what source initially pays the costs.)</p>

FFR Number	Reporting Item	Instructions
		<p><b>HARD EDIT - Line 10e cannot exceed Line 10d.</b></p> <p>SOFT EDIT - Line 10e for "This Period" should not be negative.  CAUTION: If entry for this line item is less than previous period cumulative amount, a valid explanation should be provided in Item 12, Remarks.</p>
10f	Total Administrative Expenditures	<p><b>An entry is <u>required</u> for this line item for all grants subject to an administrative cost limitation.</b></p> <p>This is a new line item to capture administrative costs which were previously required to be reported in the Remarks section of the SF 269, or were otherwise required on the administrative expenditure line item of a modified SF 269.</p> <p>Specific grants, such as the WIRED grants, may be identified as exempt from breaking out administrative costs.</p> <p>Enter the cumulative amount of accrued expenditures for administrative activities. Administrative costs must be necessary and reasonable costs (direct and indirect) which are not related to the direct provision of services to participants, but relate to overall general administrative functions. Consult the appropriate program rules and regulations and/or grant award specifications for specific definitions and/or limitations on administrative costs. <b>(This line item is a portion of the amount reported on Line 10e.)</b></p> <p>If no data entry is required, a ZERO must be entered.</p>
10g	Federal Share of Unliquidated Obligations	<p>Enter any obligations (legally binding commitments to expend subject grant funds authorized) for which an accrued expenditure has not yet been incurred, as of the reporting period end date. Unliquidated obligations should include amounts which will become due to subrecipients and subcontractors. On the final report, this line item should be zero.</p> <p>NOTE: For DOL/ETA grants, the only liquidation that can occur during closeout is the liquidation of accrued expenditures (NOT obligations) for goods and/or services received during the grant period.</p> <p><i>Do not include any amount on Line 10g that has been reported on Line 10e or 10f. Do not include any amount on Line 10g for a future commitment of funds (e.g., entire lease, budgeted salary costs) for which an obligation has not yet been incurred.</i></p>
10h	Total Federal Obligations	<p>This is an automatic calculation, which is the sum of Lines 10e and 10g.</p> <p><b>HARD EDIT – Line 10h must be equal to Line 10e plus Line 10g</b></p>

FFR Number	Reporting Item	Instructions
		<b>HARD EDIT - Line 10h cannot exceed Line 10d.</b>
10i	Unobligated Balance of Federal funds	This is an automatic calculation, which is Line 10d minus Line Item 10h.  <b>HARD EDIT - Line 10i must be equal to Line 10d minus Line 10h</b>
<b>Recipient Share:</b>		
10j	Total Recipient Share Required	Enter the total match requirement, as identified in the grant award document and on the grant budget form, 424A. If subject grant has no match requirement, a ZERO must be entered.
10k	Recipient Share of Expenditures	Enter any non-Federal funds expended, by recipient organization, for the purposes or activities of subject grant. Expenditures identified on this line item must be allowable costs which could otherwise have been paid for out of subject grant funds. These expenditures should include both match and other non-Federal leveraged resources.  The value of allowable non-Federal in-kind match contributions should also be included.  This entry may (and often will) exceed the required match entered on Line 10j.  NOTE: Non-Federal funds expended for the purposes or activities of subject grant, which are allowable under all OMB Circulars, but which are not completely allowable under subject grant (due to a program specific restriction), should <b>not</b> be reported on this line item, but should be included in the quarterly progress report.
10l	Recipient Share of Unliquidated Obligations	Enter any obligations (legal commitments to expend non-Federal funds) for which an accrued expenditure has not yet been incurred, as of the reporting period end date.  <i>Do not include any amount on Line 10l that has been reported on Line 10k. Do not include any amount on Line 10l for a future commitment of funds (e.g., entire lease, budgeted salary costs) for which an obligation has not yet been incurred.</i>
10m	Total Recipient Share (sum of Lines 10k and 10l)	This is an automatic calculation, which is the sum of Lines 10k and 10l. NOTE: This amount may exceed the required match entered on Line 10j.  <b>HARD EDIT - Line 10m must be equal to Line 10k plus Line 10l.</b>
10n	Remaining Recipient Share to be Provided (Line 10j minus Line 10m)	This is an automatic calculation, which is Line 10j minus Line 10m. When the match requirement identified on Line 10j has been met, the value on Line 10n will be automatically set to zero.  <b>HARD EDIT - Line 10n must be equal to Line 10j minus Line 10m</b>

FFR Number	Reporting Item	Instructions
		HARD EDIT - Line 10n cannot be negative; when Line 10j and Line 10m are equal, Line 10n will automatically set to 0.
<b>Program Income:</b>		
10o	Total Federal Program Income Earned	<p>Enter the total amount of program income earned as the result of allowable grant activity. The addition method for recording and reporting program income is required for all ETA programs/grants. For additional reference, program income is defined in the applicable program regulations and in 29 CFR 95.24 and 29 CFR 97.25.</p> <p>Either gross or net program income may be reported. If gross program income is reported, the costs for generating the income should be included on Line 10e. If net program income is reported, the costs for generating the income are subtracted from the total income earned before entering the net amount on 10o.</p> <p>If no program income is earned, a ZERO must be entered.</p>
10p	Program Income Expended	<p>Enter the total cumulative amount of accrued expenditures incurred against the program income earned on Line 10o.</p> <p>NOTE: Program income is to be expended during the same grant period in which it is earned.</p>
10q	Unexpended Program Income (Line 10o minus Line 10p)	<p>This is an automatic calculation, which is Line 10o minus 10p.</p> <p>HARD EDIT - Line 10q must be equal to Line 10o minus Line 10p.</p>
<b>11. Additional Expenditure Data Required</b>		
11a	Other Federal funds expended	<p>Enter any other Federal funds expended, by the recipient organization and any subrecipient organizations, but not by any non-subrecipient partner organizations, for the same purposes or activities of subject grant.</p> <p><b>Expenditures included must be allowable costs which could otherwise have been paid for out of subject grant funds.</b></p> <p>Other Federal funds expended by any non-subrecipient partner organizations for the benefit of this grant program should be included in the quarterly progress report.</p> <p>This entry should include expenditures of all Federally funded leveraged resources, whether or not such expenditures are the result of a leveraging requirement.</p>
12	Remarks	Enter any explanations deemed necessary by the grantee or information required by DOL ETA.
13a-b	Certification	The authorized official certifies accuracy of reported data by entering assigned PIN.
13c	Telephone (Area Code, Number and Extension)	The telephone number of certifying official is automatically displayed.
13d	Email Address	The email address of the certifying individual is automatically displayed.

<b>FFR Number</b>	<b>Reporting Item</b>	<b>Instructions</b>
13e	Date Report Submitted (Month, Day, Year)	The date the FR is certified/submitted to DOL/ETA is automatically displayed.
14	Agency Use Only	This section is reserved for DOL/ETA use.



# REQUEST FOR ADVANCE OR REIMBURSEMENT SF-270<sup>2</sup>

<b>REQUEST FOR ADVANCE OR REIMBURSEMENT</b>  <i>(See instructions on back)</i>		OMB APPROVAL NO.  <p style="text-align: center;"><b>0348-0004</b></p>		PAGE _____ OF _____  PAGES
		1. TYPE OF PAYMENT REQUESTED a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL		2. BASIS OF REQUEST  <input type="checkbox"/> CASH  <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
6. EMPLOYER IDENTIFICATION NUMBER	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) _____ TO (month, day, year) _____		
9. RECIPIENT ORGANIZATION  Name:  Number and Street:  City, State and ZIP Code:		10. PAYEE (Where check is to be sent if different than item 9)  Name:  Number and Street:  City, State and ZIP Code:		
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <i>(As of date)</i>	\$	\$	\$	\$ 0.00
b. Less: Cumulative program income				0.00
c. Net program outlays <i>(Line a minus line b)</i>	0.00	0.00	0.00	0.00
d. Estimated net cash outlays for advance period				0.00
e. Total <i>(Sum of lines c &amp; d)</i>	0.00	0.00	0.00	0.00
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e				0.00
h. Federal payments previously requested				0.00
i. Federal share now requested <i>(Line g minus line h)</i>	0.00	0.00	0.00	0.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			0.00
	2nd month			0.00
	3rd month			0.00
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY				
a. Estimated Federal cash outlays that will be made during period covered by the advance				\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period				
c. Amount requested <i>(Line a minus line b)</i>				\$ 0.00

AUTHORIZED FOR LOCAL REPRODUCTION

*(Continued on Reverse)*

STANDARD FORM 270 (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

2 The SF-270 form is available at <http://www.doleta.gov/grants/docs/ETA-9130-straightSF269grants.pdf>

**CERTIFICATION**

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED  April 27, 2009
	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**INSTRUCTIONS**

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

<i>Item</i>	<i>Entry</i>	<i>Item</i>	<i>Entry</i>
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.		activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.	11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.	11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.	11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.	13	Complete the certification before submitting this request.
Note:	The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.		
11	The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or		