

# 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 11/30/2012
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)		
10. Transactions				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

Persons are not required to respond to this collection of information unless it displays a currently valid OMB number. Public reporting burden for this collection of information, which is required to obtain or retain benefits (PI 106-107, Sec 8), 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. The reason for the collection of information is general program oversight, evaluation and performance assessment. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to ETA Office of Financial and Administrative Management, Rm N-4653, U.S. Department of Labor, Washington DC 20210.