BLS-OSHS QUARTERLY FINANCIAL REPORT *BLS-OSHS2*

State Grant Agency: _____   **Cooperative Agreement No.:** _____   **Reporting Period Ending:** _____

SECTION A – FINANCIAL ACTIVITY SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Expenditures for the Quarter		Cumulative Expenditures		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.						
2.						
3.						
4.						
5. TOTALS						

SECTION B -- TOTAL EXPENDITURES BY BUDGET CATEGORY FOR THE CURRENT QUARTER

	GRANT PROGRAM, FUNCTION, OR ACTIVITY				TOTAL
6. Object Class Categories	(1)	(2)	(3)	(4)	(5)
a. Personnel					
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)					
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)					
7. Program Income					

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

Authorized Signature: _____   Date: _____

Authorized for Local Reproduction

GENERAL INSTRUCTIONS

This form is designed to capture actual expenditures for the quarter and cumulatively for the fiscal year. Reporting is separate by program activity, i.e., Annual Survey and CFOI, and by object class categories. The report form parallels the Budget Information -- Non-Construction Programs form (SF-424A) and requires reporting by object class and program activity quarterly, based on the projections by program and object provided in SF-424A at the time application is made for the Cooperative Agreement. A completed original of this report is due in the BLS regional office no later than thirty days following the close of each quarter the agreement remains open, whether or not financial activity took place within the reporting period.

SPECIFIC INSTRUCTIONS

Section A - Financial Activity Summary. Columns (a) and (b). Enter the abbreviated title of the program activity; i.e., SURVEY or CFOI, and the Catalog of Federal Domestic Assistance number "17.005."

Lines 1-4, Columns (c) and (d). Enter the Federal and Non-Federal expenditures for the current quarter for each program activity listed in Column (a).

Lines 1-4, Columns (e) and (f). Enter the Federal and Non-Federal expenditures for all quarters (including the current quarter) since the beginning of the agreement and the total cumulative of Federal and Non-Federal expenditures in Column (g).

Section B - Total Expenditures by Budget Category. In column headings (1) through (4), enter the abbreviated titles of the same program activities shown on Lines 1-4, Column (a), Section A. For each program activity, fill in the total expended (both Federal and Non-Federal combined), during the quarter, by object class categories in Lines 6a through h.

Line 6i, Enter the total of Lines 6a through h for each column used.

Line 6j, Enter the amount of Indirect Cost.

Line 6k, Enter the total amounts of Lines 6i and 6j.

Line 7, Enter the amount of program income, if any, during the quarter.

CERTIFICATION

A duly authorized official of the State must sign and date the form. Only forms bearing an original signature will be valid and acceptable to the BLS.