[PIMS - Perkins Information Management System](https://perkins.ed.gov/pims/CARManagement/StepFive/Part?stateId=7&year=2013&number=5a)

**CAR REVIEW**

**REVIEWER OPTIONS**

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**Review Tips:**

* Does the state provide complete and accurate information for questions 1-6?
* Are all mathematical calculations correct?
* Do the amounts listed in each of the rows in Column 10 correspond with the state's approved budget request(s) for the reporting year?
* Have more that 60 percent of the funds in Column 11 been obligated and liquidated by the state during the first 12 months of the grant award?

**REPORT REVIEW**

**Financial Status Report**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5.** | **Grant Award Number:** | | | | |  | | | | |
|  | State Basic Grant (Title I): | | | | |  | | | | |
| **6.** | **Grant Award Amount:** | | | | |  | | | | |
|  | State Basic Grant (Title I): | | | | |  | | | | |
| Note: Question 7 below is optional. It needs to be completed only if the state is amending/revising its financial status report after a final submission. | | | | | | | | | | |
| **7.** | **Amended Interim FSR:** | | | | | **Yes** | | | | |
|  | Date of Amended FSR: | | | | |  | | | | |
| **1.** | **State Name:** | | |  | |
| **2.** | **Federal Funding Period:** | | |  | |
|  | Start Date: | | |  | |
|  | End Date: | | |  | |
| **3.** | **Reporting Period:** | | |  | |
|  | Start Date: | | |  | |
|  | End Date: | | |  | |
| **4.** | **Accounting Basis:** | | | **Cash   Accrual** | |
|  |  | **1** | **2** | **3** | **4** | | **5** | **6** | **7** | **8** | | **9** | **10** | **11** |
| **Row** |  | **Net Outlays Previously Reported** | **Total Outlays This Report Period** | **Program Income Credits** | **New Outlays This Report Period (Column 2 - 3)** | | **Net Outlays To Date (Column 1 + 4)** | **Non-Federal Share of Outlays** | **Total Federal Share of Outlays (Column 5 - 6)** | **Federal Share of Unliquidated Obligations** | | **Federal Share of Outlays & Unliquidated Obligations (Column 7 + 8)** | **Federal Funds Authorized** | **Balance of Unobligated Federal Funds (Column 10 - 9)** |
| **A** | **\*TOTAL TITLE I FUNDS\*** | | | | | | | | | | | | | |
| **B** | **LOCAL USES OF FUNDS** | | | | | | | | | | | | | |
| **C** | **RESERVE** | | | | | | | | | | | | | |
| **D** | **Funds for Secondary Recipients** |  |  |  |  | |  |  |  |  | |  |  |  |
| **E** | **Funds for Postsecondary Recipients** |  |  |  |  | |  |  |  |  | |  |  |  |
| **F** | **Total (Row D + E)** |  |  |  |  | |  |  |  |  | |  |  |  |
| **G** | **FORMULA DISTRIBUTION** | | | | | | | | | | | | | |
| **H** | **Funds for Secondary Recipients** |  |  |  |  | |  |  |  |  | |  |  |  |
| **I** | **Funds for Postsecondary Recipients** |  |  |  |  | |  |  |  |  | |  |  |  |
| **J** | **Total (Row H + I)** |  |  |  |  | |  |  |  |  | |  |  |  |
| **K** | **TOTAL LOCAL USES OF FUNDS (Row F + J)** |  |  |  |  | |  |  |  |  | |  |  |  |
| **L** | **STATE LEADERSHIP** | | | | | | | | | | | | | |
| **M** | **Non-traditional Training and Employment** |  |  |  |  | |  |  |  |  | |  |  |  |
| **N** | **State Institutions** |  |  |  |  | |  |  |  |  | |  |  |  |
| **O** | **Other Leadership Activities** |  |  |  |  | |  |  |  |  | |  |  |  |
| **P** | **TOTAL STATE LEADERSHIP  (Row M + N + O)** |  |  |  |  | |  |  |  |  | |  |  |  |
| **Q** | **STATE ADMINISTRATION** | | | | | | | | | | | | | |
| **R** | **Total State Administration** |  |  |  |  | |  |  |  |  | |  |  |  |
| **S** | **TOTAL TITLE I FUNDS  (Row K + P + R)** |  |  |  |  | |  |  |  |  | |  |  |  |
| **Additional Information:** | | | | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **12.** | **Certification:** |  |
|  | I certify to the best of my knowledge and belief that this financial status report is accurate and complete. I understand that the use of my PIN to certify and submit the FSR is the same as certifying and signing this document. | |
|  | **Financial Auditor PIN:** |  |
|  | **Title/Agency:** |  |

**Public Burden Statement:**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number.  The valid OMB control number for this information collection is 1830-0569.  Public reporting burden for this collection of information is estimated to average 174 hours 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 obligation to respond to this collection is required to obtain or retain benefit (Carl D. Perkins Career and Technical Education Act of 2006 (Perkins IV) (20 U.S. C. 2301 et seq. as amended by P.L. 109-270). If you have comments or concerns regarding the status of your individual submission of this APR, please contact (Office of Career, Technical and Adult Education; Director, Division of Academic and Technical Education; 550 12th Street, SW; Washington, D.C. 20202 directly. [Note: Please do not return the completed reportto this address.]