







## Perkins Information Management System

CAF	RREVIEW		
REV	IEWER OPTIONS		
Requ	ue <u>s</u> t Revision Unapprove <u>S</u> ection		
Do Are Do Ha	ew Tips:  Does the state provide complete and accurate information for question  Dee all mathematical calculations correct?  Do the amounts listed in each of the rows in Column 10 correspond we have more that 60 percent of the funds in Column 11 been obligated  ORT REVIEW  CORT REVIEW		
5.	Grant Award Number:		
	State Basic Grant (Title I):		
6.	Grant Award Amount:		
	State Basic Grant (Title I):		
Note	e: 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:	□ <sub>Yes</sub>	
	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 Accr										
		1	2	3	4	5	6	7	8	<b>9</b> Federal Share	10	11
		Net Outlays Previously	Total Outlays This	Program	New Outlays This Report Period	Net Outlays To Date (Column 1 +	Non-Federal Share of	Total Federal Share of Outlays	Federal Share of Unliquidated	of Outlays & Unliquidated Obligations (Column 7 +	Federal Funds	Balance of Unobligated Federal Func (Column 10
Row		Reported	Report Period	Income Credits	(Column 2 - 3)	4)	Outlays	(Column 5 - 6)	Obligations	8)	Authorized	9)
A	*TOTAL TITLE I FUNDS*											
В	LOCAL USES OF FUNDS											
С	RESERVE											
D	Funds for Secondary Recipients											
E	Funds for Postsecondary Recipients											
F	Total (Row D + E)											
G	FORMULA DISTRIBUTION											
н	Funds for Secondary											

	Recipients										
ı	Funds for Postsecondary Recipients										
J	Total (Row H + I)										
K	TOTAL LOCAL USES  OF FUNDS  (Row F + J)										
L	STATE LEADERSHIP										
М	Non-traditional Training and Employment										
N	State Institutions										
0	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)										

Addit	ional Information:				
12.	Certification:				
	I certify to the best of my knowledge and belief that this financial status report is accurate and complete. I underst that the use of my PIN to certify and submit the FSR is the 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 12<sup>th</sup> Street, SW; Washington, D.C. 20202 directly. [Note: Please do not return the completed report to this address.]