## U.S. DOL ETA FINANCIAL REPORT

(Follow instructions on the back.)

Federal Agency and Organizational Element to Which Report is Submitted     2. Federal Grant or Other					Other Identifying Number As	er Identifying Number Assigned by DOL		
3. Recipient Organization (Name and complete address including Zip code)								
a. Too profit organization (Taille and conflicte address moleculing Elp code)								
4a. DUNS NumberUnique Entity Identifier								
40. Dono Numberonique Entity Identifier 40. Env			5. Recipie	ent Account Number of	luentilying Number	6. Final Report	7. Basis of Reporting	
0. D. i. 10 1. D. i. 1. 5 (111) D. 10.000				(DD/YYYY)		☐ Yes ☐ No	☐ Accrual	
8. Project/Grant Period	- From: (MM/DD/YYY	Reporting Period End Date	e (MM/DD/YYYY)					
10. Transactions						Cumulative		
Federal Cash:								
a. Cash Receipts								
b. Cash Disbursements								
c. Cash on Hand (line a	a minus b)	\$	\$ -					
Federal Expenditures and Unobligated Balance:								
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)						\$ -		
Recipient Share:								
j. Total Recipient Share Required								
k. Recipient Share of E								
H. Recipient Share of Unliquidated Obligations  - Recipient Share of Unliquidated Obligations								
m. Total Recipient Obligations (sum of lines k and I)						\$ -		
nl. Remaining Recipient Share to Be Provided (line j minus mk)						\$ -		
Program Income:								
pm. Total <del>Federal</del> Program Income Earned								
pn. Program Income Expended in Accordance with the Addition Method								
						\$ -		
11. Additional Expenditure Data Required								
a. Other Federal Funds Expended								
b. Real Property Proceeds Expended								
c. Recaptured Funds Expended								
d. Out-of-School Youth Funds Expended on Direct Services								
e. In-School Youth Funds Expended on Direct Services								
12. Indirect Expenditures								
d Decided From Decided To								
a. Type of Rate	b. Rate	c. Rate Approval Date	(MM/DD/YYYY)	(MM/DD/YYYY)	e. Base	f. Amount Charged	g. Federal Share	
				<u> </u>				
				h. Totals:	\$ -	\$ -	\$ -	
13. Remarks: (Attach a	ny explanations deeme	ed necessary or information	on required by Federa	I sponsoring agency in o	compliance with governing le	egislation.)		
13. Remarks: (Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.)								
14. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the								
Certification: By signature of the control of the c	gning this report, I certif	ly to the best of my knowns and conditions of the l	ledge and belief that the	ne report is true, comple	te, and accurate, and the ex	penditures, disbursements and c	ash receipts are for the	
purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).								
a. Typed or Printed Name and Title of Authorized Certifying Official c. Telephone (Area code, number, and extension							mher and extension)	
a. Typed of Finited Ivalie and Title of Authorized Centrying Official						ה. דפופףווטוופ (יחופת פטעב, וועוווטפו, מווע פגנפוואטוו)		
						d. Email Address		
						u. Email Addiess		
b. Signature of Authorized Certifying Official						e Date Report Submitted (A	e. Date Report Submitted (MM/DD/YYYY)	
D. Signature of Authorized Certifying Official						e. Date Report Submitted (INIM/DD/TTTT)		
						15 Agency Use Only:	15. Agency Use Only:	
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Prescribed by OMB Uniform Guidance 2 CFR 200.

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 30-45 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 and Administrative Services, Rm N-4653, U.S. Department of Labor, Washington DC 20210.