

Trade Adjustment Assistance (TAA) for Workers Funding Request Form

1. STATE:	3. 2. Total AMOUNT of Funds REQUESTED: _			
	a. Training:			
2. Report Period Ending:	b. Job Search/Relocation:			

4.3. FINANCIAL DATA: (Complete for each relevant fiscal year allocation)

Fiscal Year: _____ Period Covered by this Report (Month, Day, Year): (MM/DD/YYYY) From: _____ To: _____

	(1) Administrative Costs	Job Search Relocation (2) Employment and Case Management	(4) Program Total (2 + 3)	(5) Grand Total (1 + 4)
A. TAA Funds Received to Date				\$
B. Cumulative Obligations	\$	\$	\$ \$	\$
C. Unobligated Balance (A-B)	\$	\$	\$ \$	\$
D. Cumulative Accrued Expenditures	\$	\$	\$ \$	\$
E. Utilization Percentages	% (D1/A5)	% (D2/A5)		

Fiscal Year: _____ Period Covered by this Report (Month, Day, Year): (MM/DD/YYYY) From: _____ To: _____

	(1) Administrative Costs	Job Search Relocation (2) Employment and Case Management	(4) Program Total (2 + 3)	(5) Grand Total (1 + 4)
A. TAA Funds Received to Date				\$
B. Cumulative Obligations	\$	\$	\$ \$	\$
C. Unobligated Balance (A-B)	\$	\$	\$ \$	\$
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B. Cumulative Obligations	\$	\$	\$ \$	\$
C. Unobligated Balance (A-B)	\$	\$	\$ \$	\$
D. Cumulative Accrued Expenditures	\$	\$	\$ \$	\$
E. Utilization Percentages	% (D1/A5)	% (D2/A5)		

4. JUSTIFICATION FOR REQUEST:

Certification: I certify that to the best of my knowledge and belief that the information provided herein is accurate and complete, and that report obligations are reflected in agency records.

Signature: _____

Title:_____

Date: _____

Persons are not required to respond to this collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. Responding is required to obtain or maintain benefits (19 U.S.C. 2271). Public reporting burden for this collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor at the address provided above (Paperwork Reduction Project 1205-



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0275).