## U.S. DOL ETA FINANCIAL REPORT

(Follow instructions on the back.)

1. Recipient Organization (Name and complete address including Zip code)  4a. Unique Entity Identifier  4b. EIN  5. Recipier Account Number or identifying Number  6. Final Report  7. Basis of Reporting  Account  8. Project/Grant Period From: (MMDDYYYY)  10. Transactions  Federal Cash:  8. Cash Recipier  8. Cash Recipier  9. Cash Reporting Period Entity  10. Cash Reporting Peri	1. Federal Agency and (	Organizational Element	to Which Report is Subn	nitted	Federal Grant or Other Identifying Number Assigned by DOL			OMB Approval No. 1205-0461 Expires 10/31/2022	
8. Project/Grant Period From: (MMDDYYYY) 9. Reporting Period End Date (MMDDYYYY) 10. Transactions 10. Transactions 10. Transactions 10. Transactions 10. Transactions 10. Cash Disturburs 10. Cash Disturburs 10. Cash Disturburs 10. Cash Disturburs 10. Transactions 10. Transactions 10. Transactions 10. Transactions 10. Transactions 10. Cash Disturburs 10. Transactions 10.	·								
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9. Federal Share of Unliquidated Obligations (sum of lines e and g) \$ .  1. Total Federal Children (sum of lines e and g) \$ .  2. Unobligated Balance of Federal Funds (line of minus h) \$ .  3. Recipient Share Required \$ .  3. Total Recipient Share Required \$ .  4. Recipient Share of Expenditures \$ .  5. Total Recipient Share to Be Provided (line j minus k) \$ .  6. Recipient Share of Expenditures \$ .  7. Total Program Income Expended in Accordance with the Addition Method \$ .  8. Program Income Expended in Accordance with the Addition Method \$ .  9. Unexpended Program Income Expended in Accordance with the Addition Method \$ .  9. Unexpended Program Income Expended in Accordance with the Addition Method \$ .  9. Unexpended Program Income Expended in Accordance with the Addition Method \$ .  9. Unexpended Program Income Expended in Accordance with the Addition Method \$ .  9. Other Program Income Expenditures \$ .  9. Other Program Services Expenditures \$ .  9. Other Program Services Expenditures \$ .  9. Other Program Services Expenditures \$ .  9. Training Services Expenditures \$ .  10. Indirect Expenditures \$ .  11. Indirect Expenditures \$ .  12. Remarks: (Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.)  13. Indirect Expenditures \$ .  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 purpose 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, ovid or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 16, Section 1001 and Title 31, Section 3729–3730 and 3801–3812)									
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b. Signature of Authorized Certifying Official  e. Date Report Submitted (MM//DD/YYYY)							e. Date Report Submitted (MM/DD/YYYY)		
15. Agency Use Only:							15. Agency Use Only:		

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 (2 CFR 200.327 and WIOA Section 185(e)(2)), is estimated to average 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 Management and Administrative Services, Rm N-4653, U.S. Department of Labor, Washington DC 20210.