

<b>VOCATIONAL REHABILITATION FINANCIAL REPORT (RSA-17)</b>		
<b>A. Grant Award Information</b>		
1. Federal Award Identification Number	2. Federal Fiscal Year	3. Grant Period (From/To)
4. Recipient Organization		
5. Basis of Accounting* <input type="checkbox"/> Accrual <input type="checkbox"/> Cash	6. Reporting Period End Date	7. Final Report*
8. UEI Number	9. Recipient Account Number or Identifying Number	
<b>B. Federal Funds</b>		<b>Amount</b>
10. Total Federal Funds Awarded		
11. Federal Cash Receipts*		
12. Federal Cash Disbursements*		
13. Federal Cash on Hand		
14. Federal Share of Expenditures* (do not include program income)		
15. Federal Expenditures Incurred for the Provision of Pre-employment Transition Service Activities and Certain Other VR Services Needed to Access or Benefit from Pre-Employment Transition Services (only include expenses charged to the Federal funds required to be reserved for pre-employment transition services)		
a. Required and Coordination Pre-employment Transition Service Activities and Other VR Services that Support Access to and Participation in Pre-Employment Transition Services		
b. Authorized Pre-employment Transition Service Activities*		
16. Federal Share for Establishment of Facilities for CRP Purposes*		
17. Federal Share for Construction of Facilities for CRP Purposes*		
18. Federal Share of Unliquidated Obligations*		
19. Total Federal Share		
20. Unobligated Balance of Federal Funds		
<b>C. Federal Program Income</b>		<b>Amount</b>
21. Total Federal Program Income Received*		
22. Program Income Expended in Accordance with the Addition Alternative*		
23. SSA Payments Transferred to the State Independent Living Services Program*		
24. SSA Payments Transferred to the Independent Living Services for Older Individuals who are Blind Program*		
25. SSA Payments Transferred to the Client Assistance Program*		
26. SSA Payments Transferred to the State Supported Employment Services Program*		
27. Unexpended Program Income		
<b>D. Reporting Non-Federal Share in the FFY of Appropriation (1st - 4th Qtr.)</b>		<b>Amount</b>
28. Total Non-Federal Share of Expenditures (1st - 4th Qtr.)*		
a. Of the Amount Reported in Line 28, the Non-Federal Share for Establishment of Facilities for CRP Purposes (1st - 4th Qtr.)*		
b. Of the Amount Reported in Line 28, the Non-Federal Share for Construction of Facilities for CRP Purposes (1st - 4th Qtr.)*		
29. Non-Federal Share of Unliquidated Obligations (1st - 4th Qtr.)*		

\*Data entry is required.

<b>E. Status of Unliquidated Obligations Reported on 4th Quarter RSA-17 Report</b>							<b>Amount</b>
32. Non-Federal Expenditures for Unliquidated Obligations Reported on the 4th Quarter Report, Line 29, Liquidated After the 4th Quarter (5th – 8th Qtr.)*							
a. Of the Amount Reported in Line 32, the Amount that was Liquidated for Non-Federal Share of Establishment of Facilities for CRP Purposes*							
b. Of the Amount Reported in Line 32, the Amount that was Liquidated for Non-Federal Share of Construction of Facilities for CRP Purposes*							
<b>F. Reporting Additional New Non-Federal Expenditures in the Carryover Year (5th – 8th Qtr.)</b>							<b>Amount</b>
33. Additional New Non-Federal Expenditures (5th – 8th Qtr.)*							
a. Of the Amount Reported in Line 33, the Non-Federal Expenditures for Establishment of Facilities for CRP Purposes (5th – 8th Qtr.)*							
b. Of the Amount Reported in Line 33, the Non-Federal Expenditures for Construction of Facilities for CRP Purposes (5th – 8th Qtr.)*							
<b>G. Indirect Expenses</b>							
36. Federal Cognizant Agency for Indirect Costs:*							
a. Type	b. Rate*	c. Period From*	d. Period To*	e. Base*	f. Amount Charged	g. Federal Share*	
			h. Totals				
<b>H. Select Federal and Non-Federal Expenditures (Include Program Income — Do NOT Include Unliquidated Obligations)</b>							<b>Amount</b>
37. Administrative Expenditures*							
39. Services to Groups							
a. Establishment, Development, or Improvement of CRP*							
b. Telecommunication Systems*							
c. Special Services to Provide Nonvisual Access to Information*							
d. Technical Assistance to Businesses*							
e. Business Enterprise Program (Randolph-Sheppard Program)*							
f. Transition Consultation and Technical Assistance*							
g. Transition Services to Youth and Students*							
h. Establishment, Development, or Improvement of Assistive Technology*							
i. Support for Advanced Training*							
40. American Job Center Infrastructure Expenditures*							
41. Total Innovation and Expansion (I&E) Expenditures*							
a. I&E Expenditures Supporting State Rehabilitation Council Resource Plan*							
b. I&E Expenditures Supporting Statewide Independent Living Council Resource Plan*							
<b>I. Remarks</b>							
42. Remarks							

\*Data entry is required.

<b>J. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b>	
43. Full Legal Name of Signer*	
a. Certifying Official Title*	
44. Telephone* (Area code, number)	
a. Telephone Extension (if any)*	
45. Email Address*	
46. Signature*	
47. Date Report Submitted	

\*Data Entry Required

### Paperwork 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 1820-0017. Public reporting burden for this collection of information is estimated to average 32.7 minutes/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 mandatory because the form is required under the terms and conditions of the State Vocational Rehabilitation Services program. If you have any comments concerning the accuracy of the time estimate, suggestions for improving this individual collection, or if you have comments or concerns regarding the status of your individual form, application or survey, please contact David Steele, U.S. Department of Education, Rehabilitation Services Administration, Washington, D.C. 20202 or email [RSAfiscal@ed.gov](mailto:RSAfiscal@ed.gov).

\*Data entry is required.