

**ET HANDBOOK NO. 336**

**16<sup>th</sup> Edition**

**UNEMPLOYMENT INSURANCE  
STATE QUALITY SERVICE PLAN**

**APPENDIX II**

**REPORTING FORMS AND FORMATS**

**U.S. DEPARTMENT OF LABOR  
Employment and Training Administration**

**Exp. Date 09/30/99  
OMB Approval 1205-0132**

<b>WORKSHEET UI-3</b>		<b>QUARTERLY UI CONTINGENCY REPORT</b>	
State	Fiscal Year	Quarter	

Section A: Program Staff Year Usage			
Program Category	Quarter		Year-to-Date
	(a) SY Worked	(b) SY Paid	(c) SY Paid
1. Claims Activities			
2. Employer Activities			
3. UI Performs			
4. Support/AS&T			
5. Trade Claims Activities			
6. Other			
7. Total Staff Years			

Section B: Regular Contingency Entitlement Certification				
Standard Hours:	Quarterly	Year-to-Date	Yearly	
Claims Activity	(a) Workload	(b) MPU	(c)	
1. Initial Claims (Regular, EB, and STC)				
2. Initial Claims (Third Tier)				
3. Weeks Claimed (Regular, EB, and STC)				
4. Weeks Claimed (Third Tier)				
5. Interstate Weeks Claimed (Regular and EB)				
6. Interstate Weeks Claimed (Third Tier)				
7. Nonmonetary Deter. (Regular, EB, and STC)				
8. Nonmonetary Deter. (Third Tier)				
9. Appeals (Regular, EB, and STC)				
10. Appeals (Third Tier)				
11. Interstate Appeals Taken (IB-101)				
12. Interstate Referrals				
13. Multiclient Services				
14. Monetary Redeterminations				
15. Other Staff Years (Specify)				
16. Total Staff Years Worked/Earned = Sum of Lines 1 through 15				
17. Entitlement Staff Years Worked = Line 16 - Base SY Worked ( )				
18. Entitlement Staff Years Paid = Line 17 x Experienced Leave ( )				
19. PS/PB Entitlement \$ = Line 18 x Regular Contingency PS/PB Rate (\$ )				
20. Support Entitlement \$ = Line 19 x Contingency Support Percentage ( % )				
21. Other \$ (Specify)				
22. Total Dollar Costs = Line 18 + Line 19 + Line 20				
23. Advance				
24. Net Dollar Entitlement = Line 22 - Line 23				

CERTIFICATION: I certify to the best of my knowledge and belief that information provided herein is accurate, complete, and was obtained from agency accounting records.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**U.S. DEPARTMENT OF LABOR**  
**Employment and Training Administration**

**Exp. Date 09/30/99**  
**OMB Approval 1205-0132**

WORKSHEET UI-3 (Continued)	QUARTERLY UI CONTINGENCY REPORT		
State	Fiscal Year	Quarter	

<b>Section C: Trade Contingency Entitlement Certification</b>			
Standard Hours: Quarterly                      Year-to-Date                      Yearly			
Claims Activity	(a) Workload	(b) MPU	(c)
1. Initial Claims			
2. Weeks Claimed			
3. Nonmonetary Determinations			
4. Appeals			
5. Trade Redeterminations			
6. Other Staff Years (Specify)			
7. Total Staff Years Worked = Sum of Lines 1 through 6			
8. Staff Years Paid = Line 7 x Experienced Leave (                      )			
9. PS/PB Entitlement \$ = Line 8 x Trade PS, Regular Contingency PB Rate (\$                      )			
10. Support Entitlement \$ = Line 9 x Trade Support Percentage (                      %)			
11. Other \$ (Specify)			
12. Total Trade Dollar Costs = Line 9 + Line 10 + Line 11			

<b>Section D: SAVE Workload Certification</b>			
Standard Hours: Quarterly                      Year-to-Date                      Yearly			
Claims Activity	(a) Workload	(b) MPU	(c)
1. Initial Claims			
2. Other Staff Years (Specify)			
3. Total Staff Years Worked = Line 1 + Line 2			
4. Staff Years Paid = Line 3 x Experienced Leave (                      )			
5. PS/PB Entitlement \$ = Line 4 x PS/PB Rate (\$                      )			
6. Support Entitlement \$ = Line 5 x SAVE Support Percentage (                      %)			
7. Other \$ (Specify)			
8. Total SAVE Dollar Costs = Line 5 + Line 6 + Line 7			

<b>Section E: Additional Benefits Contingency Entitlement Certification</b>			
Standard Hours: Quarterly                      Year-to-Date                      Yearly			
Claims Activity	(a) Workload	(b) MPU	(c)
1. Initial Claims			
2. Weeks Claimed			
3. Nonmonetary Determinations			
4. Appeals			
5. Monetary Redeterminations			
6. Other Staff Years (Specify)			
7. Total Staff Years Worked = Sum of Lines 1 through 6			
8. Staff Years Paid = Line 7 x Regular Contingency Experienced Leave (                      )			
9. PS/PB Entitlement \$ = Line 8 x Regular Contingency PS/PB Rate (\$                      )			
10. Support Entitlement \$ = Line 9 x Regular Contingency Support Percentage (                      %)			
11. Other \$ (Specify)			
12. Total AB Dollar Costs = Line 9 + Line 10 + Line 11			

## INSTRUCTIONS FOR THE UI-3

Public Reporting Burden for the collection of this information is estimated to average 120 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. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Unemployment Insurance Service/ETA, U.S. Department of Labor, Room S-4231, 200 Constitution Avenue, N. W., Washington, D.C. 20210, and/or Paper Reduction Project (xxxx-xxxx).

Please type or print legibly. The following general instructions explain how to use the form itself.

### General Instructions

This form is designed so that application can be made for funds from one or more grant programs (Regular UI, Trade, SAVE, and Additional Benefits). The SAVE program is funded from base; however, it is included on the UI-3 in order to reimburse ongoing operational costs related to the SAVE program.

The electronic version of this form appears slightly different on the computer screen than the one included in these instructions, which is provided for display only. States should submit their reports electronically. There is minimal data entry necessary in the current UI-3s Workloads, MPUs, Staff Years Worked/Earned and Experienced Leave rates (not optional experienced leave rate of SAVE) are all automatically entered. In addition, the electronic version has a "Comments" section to explain entries in the "Other Staff Years" or "Other \$" lines, but does not have a block for certification by a State official. States are also urged to use the comment section for explanations of other lines. The "Comments" section is heavily relied upon during the review of the report.

NOTE: Throughout The UI-3 reports, listed as Sections A, B, C, D and E in these instructions, States should enter zero (0) in any cell that must be manually entered but has no data (no activity) for the particular quarter being reported on.

Minutes Per Unit. Minutes per unit (MPUs), based on the most recent cost model studies approved by the National Office for each of the four broadband activities in Lines 1 through 4 in Sections B, C and E, and Lines 7 through 10 in Section B, are allocated in the annual base budget and will be used in the contingency funding process. These budgeted MPU values vary for each State from year to year; however, static MPU values have been established for the following functions:

IB Agent Weeks Claimed (Line 5 and 6, Section B)

(See page 9)

IB Agent Appeals (Line 11, Section B)

20.0

Interstate Referrals (Line 12, Section B)

15.0

Redetermination (Line 14, Section B and Line 5, Sections C and E)  
(promulgated in the yearly field memorandum for the allocations)

SAVE (Line 1, Section D)

6.5

Position Computation. Generally, staff years earned are computed using a workload and minutes per unit formula which determines the number of hours needed to process a given workload and dividing that number by the hours available in the period to be budgeted. This computation yields the number of staff required in the budget period to accomplish the workload. For a calendar quarter, the formulae are expressed as follows:

$(\text{Workload} \times \text{MPU}) / (60 \times \text{Quarter Hours Paid}) = \text{Staff Years Worked/Earned}$ .

$\text{Staff Years Worked/Earned} \times \text{Experienced Leave Factor} = \text{Staff Years Paid/Earned}$ .

Experienced Leave Factor. The experienced leave factor is calculated by dividing the quarterly staff years paid/used by the quarterly staff years worked/used for that program activity. Regular UI and Trade contingency have different experienced leave factors. See the explanation below for the method of calculating the SAVE experienced leave factor.

**INSTRUCTIONS FOR THE UI-3 (continued)**

Personal Services/Personnel Benefits (PS/PB) Rate. Attachment II to the field memorandum for the yearly allocations contains the approved annual Regular UI contingency PS/PB rates. These are expressed as annual rates and must be converted to a quarterly equivalent for use on the UI-3. A staff hour conversion factor should be used by determining the number of staff hours in the quarter as a ratio of staff hours in the year and applying this ratio to the annual rate. For the Trade program, States may use the average experienced personal services rate of staff working in Trade claims activities. Trade personnel benefits will be funded at the same rate as the Regular contingency program. States which have set up a SAVE project code to capture staff years used may use the average experienced personal services rate of staff working in SAVE claims activities, and the Regular contingency personnel benefits rates. All other States should use the same rate as the Regular contingency program.

Support. The support percentage may vary from one year to another and from one program to another. Therefore, the total support percentage will be promulgated in the field memorandum for the yearly allocations.

Section A. Program Staff Year Usage

Lines 1-7, Columns (a) through (c)

Complete this section for current quarter and fiscal year-to-date. This section lists the UI categories to be reported. For each of Lines 1-7 in Section A, enter quarterly staff years worked in Column (a), quarterly staff years paid in Column (b), and year-to-date staff years paid in Column (c). These lines should reflect total staff years. No adjustment should be made for staff years financed with prior year carry-forward funds.

Line 1 - Enter staff years for claims activities including initial claims, weeks claimed, eligibility reviews, nonmonetary determinations, appeals, and multi-claimant services.

Line 2 - Enter staff years for employer activities including wage records, tax and tax travel.

Line 3 - Enter staff years for UI Performs activities, less AS&T.

Line 4 - Enter staff years for support activities for the UI and Trade programs, including benefits and appeals travel, benefit payment control, UI support, internal security, interstate, automation grants staff, and administrative staff and technical services (AS&T), including QC and Trade AS&T. (Note: The current CAS reports which SESAs may use to crosswalk CAS data to the UI-3 do not show AS&T staff years worked in these programs. The SESA should estimate the AS&T staff years worked by analyzing the percentage of AS&T staff years paid charged to these programs.)

- Line 5 - Enter staff years for claims activities under the Trade Adjustment Assistance (TAA) provisions of the Trade Act of 1974, as amended, and the North American Free Trade Agreement (NAFTA) "bridge" program.
- Line 6 - Enter staff years for special funded activities not included in the above lines (e.g., SAVE), and for activities funded with national activities funds (excluding cooperative agreements).
- Line 7 - The sum of the staff years in Lines 1 through 6, for each column, will automatically be entered here.

#### Section B. Regular Contingency Entitlement Certification

Lines 1-11, Column (a)

Total workload in Section B will include data from the Regular UI, Extended Benefit (EB), and Short-Time Compensation (STC) programs, and, if enacted, third tier programs (e.g., FSB, FSC, and EUC). The following table shows the source of data for total workloads:

- Line 1 - Data will automatically be entered from the ETA 5159 Regular, EB and STC report: the sum of lines 101, 102, and 103 for columns 2, 3, 5, and 7 of the Regular and EB reports, and the sum of columns 2 and 3 for line 101 of the STC report.
- Line 2 - Data will automatically be entered from the ETA 5159 (Third Tier) report: the sum of lines 101, 102, and 103 for columns 2, 3, 5, and 7.
- Line 3 - Data will automatically be entered from the ETA 5159 Regular, EB and STC reports: the sum of lines 201, 202, and 203 for columns 9 and 12 of the Regular and EB reports, and the workload in line 201, column 9 of the STC report.

**INSTRUCTIONS FOR THE UI-3 (continued)**

- Line 4 - Data will automatically be entered from the ETA 5159 (Third Tier) report: the sum of lines 201, 202, and 203 for columns 9 and 12.
- Line 5 - Data will automatically be entered from the ETA 5159 Regular and EB reports: the sum of lines 201, 202, and 203 for column 11.
- Line 6 - Data will automatically be entered from the ETA 5159 (Third Tier) report: the sum of lines 201, 202, and 203 for column 11.
- Line 7 - Data will automatically be entered from the ETA 207 Regular and EB reports: the sum of lines 101, 103, and 105 for column 1.
- Line 8 - Data will automatically be entered from the ETA 207 (Third Tier) report: the sum of lines 101, 103, and 105 for column 1.
- Line 9 - Data will automatically be entered from the ETA 5130 Regular and EB reports: the sum of columns 1 through 6 in line 100.
- Line 10 - Data will automatically be entered from the ETA 5130 (Third Tier) report: the sum of columns 1 through 6 in line 100.
- Line 11 - States should enter IB Agent Appeals: the sum of IB-101s sent to liable States.
- Line 12 - Data will automatically be entered from the ETA 5159 Regular and EB: column 4 less column 5.
- Line 13 - States should enter the number of multi-claimant appeals (not appellants). Line 13 is automatically subtracted from line 9 before Staff Years Worked/Earned are calculated on line 9.
- Line 14 - States should enter the number of monetary redeterminations. (Reserved for future use.)

\*OMB Approval Numbers: ETA 5159: #1205-0010 expires 5/31/2000; ETA 207: #1205-0150, expires 9/30/2001; ETA 5130: #1205-0172, expires 9/30/2001

Lines 1-12, Column (b)

The appropriate MPU values will be entered automatically. Leave Line 13, Column (b) blank.

Line 14, Column (b)

A 50 MPU value will automatically be entered in column (b). If another MPU value is necessary, the defaulted MPU value can be overwritten.

Lines 1-12, Column (c)

Staff Years Worked/Earned will be calculated by the system using the formula in the General Instructions.

Line 13, Column (c)

States should enter the number of Staff Years Worked/Used for processing multi-claimant activities such as labor dispute determinations for individual claimants or retroactive payments resulting from an appeal decision. The total quarter-to-date multi-claimant staff years used (extracted from the cost distribution report) should be entered in column (c), line 13, Section B. Note: the computer software automatically subtracts the workload count in column (a) line 13 from the workload count (column a) in line 9 before Staff Years/Worked Earned are computed in column (c), line 9.

Line 14, Column (c)

Staff Years Worked/Earned will be calculated by the system using the formula in the General Instructions. (Reserved for future use.)

Line 15 - (Reserved for future use.)

Line 16 - The Total Staff Years Worked/Earned will automatically be calculated from Lines 1 through 15, column (c).

## INSTRUCTIONS FOR THE UI-3 (continued)

- Line 17- Entitlement Staff Years Worked will automatically be calculated by subtracting Base Staff Years Worked for the given quarter from Staff Years Worked/Earned (Line 16). Base Staff Years Worked will automatically be calculated and entered in the parentheses on line 17. Base Staff Years Worked will be calculated by dividing the Hours per Staff Years Paid by the Hours per Staff Year Worked for the appropriate quarter from the UI-1 to determine the budgeted leave factor; the number of Claims Activity Staff Years Paid will be divided by the budgeted leave factor for that quarter. States which have noted the breakout of quarterly hours in the remarks section of their SF 424-A (See instructions in the yearly field memorandum (FM) providing Resource Planning Targets and Guidelines; and, the FM used to promulgate the Resource Allocations) may override the defaulted Base Staff Years Worked entered by the system with their own calculated Base Staff Years Worked.
- Line 18- Entitlement Staff Years Paid will automatically be calculated by the system by multiplying the experienced leave factor by the data in Line 17, Column (c). The experienced leave factor will automatically be calculated by dividing the quarterly staff years paid by the staff years worked for claims activities as reported in Line 1, Section A. The experienced leave factor will automatically be entered in the parentheses on Line 18. If part-time or temporary staff do not earn leave, the staff year entitlement in Line 18 will be equal to the entitlement in Line 17.
- Line 19- States should enter the Regular UI Contingency quarterly PS/PB rate which will automatically be multiplied by the data in Line 18.
- Line 20- States should enter the Regular UI Contingency Support percentage which will automatically be multiplied by the data in Line 19.
- Line 21- States should enter other costs relating to special cases. Note these in the comments section.
- Line 22- Total dollar costs, the sum of Lines 19, 20, and 21 will automatically be calculated and input on line 22.
- Line 23- States should enter the amount of the advance received at the beginning of the quarter for quarterly above-base claims operations.
- Line 24- The net dollar entitlement, line 23 will automatically be calculated by subtracting the data in line 23 from the data in line 22 and entered here.

Section C. Trade Contingency Entitlement Certification

Lines 1-5,

Column(a)- States should enter total workload data which will include data from the Regular and NAFTA Trade programs. Its source is State data.

Column(b)- Trade broadband MPU values, which will automatically be entered, are identical to the Regular broadband MPU values, except for Trade weeks claimed, which excludes the weighted MPU value for the Eligibility Review Program (ERP) from the Regular weeks claimed MPU value. The Trade Redetermination MPU value, which should be manually entered, is promulgated in the yearly field memorandum for the allocations.

Column (c)- Staff Years Worked/Earned will automatically be calculated by the system using the formula in the General Instructions.

Line 6- States should enter other staff years, such as Trade Benefit Travel staff years worked/used.

Line 7- The sum of Lines 1 through 6 Column (c) will automatically be calculated and entered here.

Line 8- The System will use the same formula to calculate Staff Years Paid as for Section B, but will calculate the experienced leave factor by using Section A, Line 5. If necessary, this defaulted value can be overwritten.

Line 9- States should enter the combined Trade PS and Contingency PB rate. The system will multiply this rate by the data in Line 8.

Line 10- States should enter the Trade Contingency Support percentage. The system will use this data and multiply it by the entry in Line 9.

**INSTRUCTIONS FOR THE UI-3 (continued)**

Line 11- States should enter other costs relating to Trade Administration - such as precertification activities and newspaper notices - in Line 11. Precertification activities are funded at a rate of up to \$750 for each petition filed within the fiscal year. Notices in local newspapers for special worker notifications are fully reimbursed. States should specify all such costs in the "Comments" section.

Line 12- The system will automatically enter the sum of Lines 9, 10, and 11 here.

**Section D. SAVE Entitlement Certification**

Line 1

Column(a)- States should enter the number of verifications made during the quarter. The source of this data is line 1 of the Alien Claims Activity Report (Form ETA 9016, OMB Approval Number 1205-0268, expiring October 31, 2001).

Column(b)- The SAVE MPU value will automatically be entered.

Column(c)- Staff Years Worked/Earned will automatically be calculated using the formula in the General Instructions.

Line 2- (Reserved for future use.)

Line 3 - The sum of Lines 1 and 2 Column (c) will automatically be calculated.

Line 4 - The experienced leave factor will automatically be entered in the parentheses on line 4. The system will automatically multiply the experienced leave factor by the data in Line 3 to calculate Staff Years Paid. States which have set up a SAVE project code to capture staff years used may use the average experienced leave rate of staff working in SAVE claims activities. If this is done, States may override the defaulted experience leave factor automatically calculated and entered by the system and manually enter their calculated experience leave factor. All other States should use the defaulted experience leave factor which is the same as for Section B.

Line 5 - The PS/PB quarterly rate will automatically be entered in the parentheses on line 5 and multiplied by the data in Line 4. States which have set up a SAVE project code to capture staff years used may use the PS/PB rate of staff working in SAVE claims activities. States may replace the defaulted rate with the manually calculated rate. All other States should use the same formula as for Section B.

Line 6 - States should enter the SAVE Support percentage in the parentheses on line 6. The system will automatically multiply

it by the entry in Line 5.

Line 7 - States should enter other costs relating to the SAVE program - such as computer access charges and equipment, and phone leasing charges. The General Services Administration bills States which use the Immigration and Naturalization Service's (INS) computer data base to verify claimants' immigration status. In addition, some States must lease phone lines and equipment in order to use the INS data base. These costs are fully reimbursed; however, States which are approved to use the ICON (previously called the UI INTERNET) system to obtain access to the INS data base may not claim leased line and equipment costs. States should specify all such costs in the "Comments" section.

Line 8 - The sum of Lines 5, 6, and 7 will automatically be entered here.

Section E. Additional Benefits (AB) Contingency Entitlement Certification

NOTE: Reporting of AB data is not required for statistical purposes, but is necessary in order to calculate the proper entitlement.

Lines 1-5,

Column(a)- States should enter the Total workload which will include data from the AB program. Its source is State data.

Column(b)- AB broadband MPU values which will automatically be entered are identical to the Regular broadband MPU values. The AB Redetermination MPU value, which should be manually entered, is promulgated in the yearly field memorandum for the allocations.

Column(c)- Staff Years Worked/Earned will automatically be calculated by the system using the formula in the General Instructions.

**INSTRUCTIONS FOR THE UI-3 (continued)**

Line 6 - (Reserved for future use.)

Line 7 - The sum of Lines 1 through 6 Column (c) will automatically be calculated and entered here.

Line 8 - States should enter Staff Years Paid. States should use the same leave formula as for Section B.

Line 9 - States should enter the Regular UI Contingency quarterly PS/PB rate in the parentheses on line 9. The system will multiply this rate by the data in Line 8.

Line 10 - States should enter the Regular UI Contingency Support percentage in the parentheses on line 10.

The system will use this data and multiply it by the entry in Line 9.

Line 11 - (Reserved for future use.)

Line 12 - The system will automatically enter the sum of Lines 9, 10, and 11 here.

ETA 2208A

## FINANCIAL STATUS REPORT

(Using Form)

(Follow Instructions on the Cover)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency		OMB Approval No. <b>0348-0038</b>	Page	of	Pages
3. Recipient Organization (Name and complete address, including ZIP code)							
4. Employer Identification Number		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)		To: (Month, Day, Year)			
10. Transactions:				I	II	III	
				Previously Reported	This Period	Cumulative	
a. Total outlays							
b. Refunds, rebates, etc.							
c. Program income used in accordance with the debarment alternative							
d. Net outlays (Line a, less the sum of lines b and c)							
Recipient's share of net outlays, consisting of:							
e. Total party (partner) contributions							
f. Other Federal awards authorized to be used to match the award							
g. Program income used in accordance with the matching or cost sharing alternative							
h. All other recipient outlays not shown on lines e, f or g							
i. Total recipient share of net outlays (Sum of lines e, f, g and h)							
j. Federal share of net outlays (Line d less line i)							
k. Total unliquidated obligations							
l. Recipient's share of unliquidated obligations							
m. Federal share of unliquidated obligations							
n. Total federal share (sum of lines j and m)							
o. Total federal funds authorized for this funding period							
p. Unliquidated balance of federal funds (Line o minus line n)							
Program income, consisting of:							
q. Disbursed program income shown on lines c and/or g above							
r. Disbursed program income using the addition alternative							
s. Undisbursed program income							
t. Total program income received (Sum of lines q, r and s)							
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Flat <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.							
Typed or Printed Name and Title					Telephone (Area code, number and extension)		
Signature of Authorized Costing Official					Date Report Submitted		

**FINANCIAL STATUS REPORT  
(Long Form)**

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award (e.g., how to calculate the Federal share, the permissible uses of program income, the value of in-kind contributions, etc.). You may also contact the Federal agency directly.

Item:	Entry:	Item:
	<b>Entry:</b>	
1, 2 and 3. Self-explanatory.		For reports prepared on an accrual basis, are the sum of actual cash disbursements for direct charges for goods and services, the value of indirect expense incurred, the value of contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subcontractors and other payees, and other amounts becoming due under programs for which no current service performances are required, such as annuities, insurance claims, and other benefit payments.
4. Enter the employer identification number assigned by the U.S. Internal Revenue Service.		
5. Space reserved for an account number or other identifying number assigned by the recipient.		
6. Check yes only if this is the last report for the period shown in item 8.		
7. Self-explanatory.		
8. Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."		10b. Enter any receipts related to outlays reported on the form that are being treated as a reduction of expenditure rather than income were not already netted out of the amount of outlays on line 10a.
9. Self-explanatory.		10c. Enter the amount of program income that was used in accordance with the deduction alternatives.
10. The purpose of columns I, II and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.		Note: Program income used in accordance with alternatives is entered on lines q, r, and s. Recipients reporting on a cash basis should enter the amount of cash income received; on an accrual basis, enter the program income earned. Program income may or may not have been included in the application budget and/or a budget on the report. If actual income is from a different source or is significantly different in amount, first attach an explanation or use the remarks section.
10a. Enter total gross program outlays. Include disbursements of cash realized as program income if that income will also be shown on lines 10c and 10g. Do not include program income that will be shown on lines 10r or 10s.		10d, e, f, g, h, i and j. Self-explanatory.
For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances payments made to subrecipients.		10k. Enter the total amount of unliquidated obligations, including unliquidated obligations to grantees and contractors. Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred for which an outlay has not yet been recorded. Do not include any amounts on line 10k that have been included on lines 10a and 10j.
101. Self-explanatory.		On the final report, line 10k must be zero.
		10m. On the final report, line 10m must also be zero.

10n, o, p, q, r, s and t. Self-explanatory.

11a. Self-explanatory.

11b. Enter the indirect cost rate in effect during the reporting period.

11c. Enter the amount of the base against which the rate was applied.

11d. Enter the total amount of indirect costs charged during the report period.

11e. Enter the Federal share of the amount in 11d.

Note: If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

PU.S.Government Printing Office: 1991--312-071,40223  
SF 269 (Rev. 4-88) Black

<b>REQUEST FOR ADVANCE OR REIMBURSEMENT</b>		FORM APPROVAL NO. <b>0348-0004</b>	PAGE OF PAGES	
<small>(See instructions on back)</small>		1. TYPE OF PAYMENT REQUESTED a. "If one or both boxes" <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "If the applicable box" <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL		
2. FEDERAL SPONSORING AGENCY AND ORGANIZATION ELEMENT TO WHICH THIS REPORT IS SUBMITTED		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY	3. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	
4. EMPLOYER IDENTIFICATION NUMBER	1. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	5. PERIOD COVERED BY THIS REQUEST		
		FROM MONTH, DAY, YEAR	TO MONTH, DAY, YEAR	
6. RECIPIENT ORGANIZATION Name Number and Street City, State and ZIP Code		10. PAYEE (Other than a to be sent is different than 6a) #1 Name Number and Street City, State and ZIP Code		
<b>11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED</b>				
PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <small>(As of date)</small>	\$	\$	\$	\$
b. Less: Cumulative program income				
c. Net program outlays (Line a minus line b)				
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payments previously requested				
i. Federal share now requested (Line g minus line h)				
j. Advances required by month, when requested by Federal grantor agency for use in making pre-scheduled advances	1st month			
	2nd month			
	3rd month			
<b>12. ALTERNATE COMPUTATION FOR ADVANCES ONLY</b>				
a. Estimated Federal cash outlays that will be made during period covered by the advance			\$	
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period				
c. Amount requested (Line a minus line b)			\$	

SF 270 (Back)

12.

**CERTIFICATION**

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OF AGENCY'S CERTIFYING OFFICIAL	CITY REQUEST NUMBER
TYPE OF FUNDING USED AND TITLE	TELEPHONE AREA CODE, NUMBER, EXTENSION

This space for agency use

Public reporting burden for this collection of information is estimated to average 80 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. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**INSTRUCTIONS FOR SF 270**

Please type or print legibly. Items 1, 3, 5, 9, 10, 11c, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

<b>Item</b>	<b>Entry</b>	<b>Item</b>	<b>Entry</b>
2. Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.			
4. Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.			
6. Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.			
7. This space is reserved for an account number or other identifying number that may be assigned by the recipient.			
8. Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.			
Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance, and outlay information contained in item 11 can be obtained in a timely manner from other reports.			
11. The purpose of the vertical columns (a), (b), and (c), is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.			
		11a. Enter in "as of date", the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.	
		11b. Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.	
		11d. Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.	
		13 Complete the certification before submitting this request.	

**STANDARD FORM 270 back (REV 2-92)**

<b>FEDERAL CASH TRANSACTIONS REPORT</b>		<b>OMB APPROVAL NO. 0308-0002</b>	
(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-B.)		1. Federal reporting agency and organizational element to which this report is submitted	
<b>2. RECIPIENT ORGANIZATION</b>  Name  Number and Street  City, State and ZIP Code		4. Federal grant or other identifying number	5. Recipient's account number or identifying number
		6. Letter of credit number	7. Last payment receipt number
		Give detail number for this period	
		8. Payment numbers credited to your account	9. Treasury checks received (whether or not deposited)
<b>3. FEDERAL EMPLOYER IDENTIFICATION NO.</b>		<b>10. PERIOD COVERED BY THIS REPORT</b>	
		FROM (month, day, year)	TO (month, day, year)
<b>11. STATUS OF FEDERAL CASH</b>  (See specific instructions on the back)	a. Cash on hand beginning of reporting period	\$	
	b. Letter of credit withdrawn		
	c. Treasury check payments		
	d. Total receipts (Sum of lines b and c)		
	e. Total cash available (Sum of lines a and d)		
	f. Gross disbursements		
	g. Federal share of program income		
	h. Net disbursements (Line f minus line g)		
	i. Adjustments of prior periods		
	j. Cash on hand end of period	\$	
<b>12. THE AMOUNT SHOWN ON LINE 11, ABOVE, REPRESENTS CASH RE-DEPOSITED FOR THE PERIOD</b>  Days	<b>13. OTHER INFORMATION</b>		
	a. Interest income	\$	
	b. Advances to subgrantees or subcontractors	\$	
<b>14. REMARKS</b> (Attach additional sheets of plain paper, if more space is required)			
<b>15. CERTIFICATION</b>			
I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement	<b>AUTHORIZED</b>	SIGNATURE	DATE REPORT SUBMITTED
	<b>CERTIFYING OFFICIAL</b>	TITLE (in PRINTED NAME AND TITLE)	TELEPHONE (Area Code, Number, Extension)
<b>THIS SPACE FOR AGENCY USE</b>			
FORM 272-B (Rev. 8-82) 272-100		(STANDARD FORM 272 (Rev. 3-82) Prescribed by GPO as of Management and Budget Cir. No. 5-133 and 5-135)	

Public reporting burden for this collection of Information Is estimated to average 120 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. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0000), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

Please type or print legibly. Items 1, 2, 8, 9, 10, 11d, 11e, 11h, and 15 are self explanatory, specific instructions for other items are as follows:

Item	Entry	Item	Entry
<p>3. Enter employer identification number assigned by the U.S. Internal Revenue Service or the FICE (institution) code.</p> <p>If this report covers more than one grant or other agreement, leave Items 4 and 5 blank and provide the information on Standard Form 272-A, Report of Federal Cash Transactions--Continued: otherwise:</p> <p>4. Enter Federal grant number, agreement number, or other identifying numbers if requested by sponsoring agency.</p> <p>5. This space reserved for an account number or other Identifying number that may be assigned by the recipient.</p> <p>6. Enter the letter of credit number that applies to this report. If all advances were made by treasury check, enter "NA" for not applicable and leave items 7 and 8 blank.</p> <p>7. Enter the voucher number of the last letter-of-credit payment voucher (Form TUS 5401) that was credited to your account.</p> <p>11a. Enter the total amount of Federal cash on hand at the beginning of the reporting period, including all of the Federal funds on deposit, imprest funds, and undeposited Treasury checks.</p> <p>11b. Enter total amount of Federal funds received through payment vouchers ( Form TUS 5401 ) that were credited to your account during the reporting period.</p> <p>11c. Enter the total amount of all Federal funds received during the reporting period through Treasury checks, whether or not deposited.</p> <p>11f. Enter the total Federal cash disbursements made during the reporting period, including cash received from program income. Disbursements as used here also include the amount of advances and payments less refunds to subgrantees or contractors, the gross amount of direct salaries and wages, including the employee's share of benefits if treated as a direct cost, interdepartmental charges for supplies and services, and the amount to which the recipient is entitled for indirect costs.</p> <p>11g. Enter the Federal share of program income that was required to be used on the project or program by the terms of the grant or agreement.</p>		<p>11i. Enter the amount of all adjustments pertaining to prior periods affecting the ending balance that have not been included in any lines above. Identify each grant or agreement for which adjustment was made, and enter an explanation for each adjustment under "Remarks." Use plain sheets of paper if additional space is required.</p> <p>11j. Enter the total amount of Federal cash on hand at the end of the reporting period. This amount should include all funds on deposit, imprest funds, and undeposited funds (line e, less line h, plus or minus line i).</p> <p>12. Enter the estimated number of days until the cash on hand, shown on line 11j, will be expended. If more than three days cash requirements are on hand, provide an explanation under "Remarks" as to why the draw down was made prematurely, or other reasons for the excess cash. The requirement for the explanation does not apply to prescheduled or automatic advances.</p> <p>13a. Enter the amount of interest earned on advances of Federal funds but not remitted to the Federal agency. If this includes any amount earned and not remitted to the Federal Sponsoring agency for over 60 days, explain under "Remarks." Do not report interest earned on advances to States.</p> <p>13b. Enter amount of advance to secondary recipients included In item 11h.</p> <p>14. In addition to providing explanations as required above, give additional explanation deemed necessary by the recipient and for information required by the Federal sponsoring agency in compliance with governing legislation. Use plain sheets of paper if additional space Is required .</p>	