

**ET HANDBOOK NO. 336**

**17<sup>th</sup> Edition**

**UNEMPLOYMENT INSURANCE  
STATE QUALITY SERVICE PLAN**

**APPENDIX II**

**REPORTING FORMS AND FORMATS**

WORKSHEET UI-3	QUARTERLY UI CONTINGENCY REPORT	
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 Act	(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. Nonmonetary Deter. (Regular, EB, and STC)			
6. Nonmonetary Deter. (Third Tier)			
7. Appeals (Regular, EB, and STC)			
8. Appeals (Third Tier)			
9. Interstate Appeals Taken (IB-101)			
10. Interstate Agent Referrals			
11. Multiclaimgant Services			
12. Monetary Redeterminations			
13. SAVE			
14. Total Staff Years Worked/Earned = Sum of Lines 1 through 13			
15. Entitlement Staff Years Worked = Line 14 - Base SY Worked (      )			
16. Entitlement Staff Years Paid = Line 15 x Experienced Leave (      )			
17. PS/PB Entitlement \$ = Line 16 x Regular Contingency PS/PB Rate (\$      )			
18. Support Entitlement \$ = Line 17 x Contingency Support Percentage (      %)			
19. Other \$ (Specify)			
20. Total Dollar Costs = Line 17 + Line 18 + Line 19			
21. Advance			
22. Net Dollar Entitlement = Line 20 - Line 21			

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

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

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

Section C: Trade Contingency Entitlement Certification			
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			

Section D: Additional Benefits Contingency Entitlement Certification			
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			

EIA 2208A

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/ to the Office of IRM Policy, U.S. Department of Labor, Room N-1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; Paperwork Reduction Project (1205-0132)

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, and Additional Benefits). The SAVE program is included on Section B of 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 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 urged to use the comment section for explanations of AOther@ lines. The AComments@ section is heavily relied upon during the review of the report.

Note: Throughout the UI-3 reports, listed as Sections A, B, C, and D 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 (MPU) for each of the four broadband activities in Lines 1 through 8 in Section B and Lines 1 through 4 in Sections C and D are allocated in the annual base budget and 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 Appeals (Line 9, Section B)	20.0
Interstate Referrals (Line 10, Section B)	15.0
Redeterminations (Line 12, Section B and Line 5, Section C and D) (promulgated in the yearly field memorandum for the allocations)	6.5
SAVE (Line 13, Section B)	6.5

Position Computation. Generally, staff years earned are computed by multiplying workload by minutes per unit and dividing by the minutes available in the relevant period. 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:

$$\begin{aligned} &(\text{Workload} \times \text{MPU}) / (60 \times \text{Quarter Hours Paid}) = \text{Staff Years Worked/Earned.} \\ &\text{Staff Years Worked/Earned} \times \text{Experienced Leave Factor} = \text{Staff Years Paid/Earned.} \end{aligned}$$

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.

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.

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.

INSTRUCTIONS FOR THE UI-3 (continued)

**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 UI PERFORMS 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 UI PERFORMS and Trade AS&T. (Note: The current Cost Accounting System (CAS) reports that states 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) 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** -Enter the sum of the staff years in Lines 1 through 6, for each column.

**Section B. Regular Contingency Entitlement Certification**

**Lines 1-13, Column (a)**

Total workload in Section B will include data from the Regular UI, Extended Benefits (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 reports: 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): the sum of lines 101, 102, and 103 for columns 2, 3, 4, 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 10 and 13 of the Regular and EB reports, and the workload in line 201, column 9 of the STC report.
- Line 4** -Data will automatically be entered from the ETA 5159 (Third Tier) report: the sum of lines 201, 202, and 203 for columns 10 and 13.
- Line 5** -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 6** -Data will automatically be entered from the ETA 207 (Third Tier) report: the sum of lines 101, 103, and 105 for column 1.
- Line 7** -Data will automatically be entered from the ETA 5130 Regular and EB reports: the sum of columns 1 through 6 in line 100.
- Line 8** - Data will automatically be entered from the ETA 5130 (Third Tier) report: the sum of columns 1 through 6 in line 100.
- Line 9** - States should enter IB Agent Appeals: the sum of IB-101s sent to liable States.

**Line 10** - Data will automatically be entered from the ETA 5159 Regular and EB reports: the difference between the sum of column 4 and the sum of column 5.

**Line 11** - States should enter the number of multi-claimant appeals (not appellants). Line 11 is automatically subtracted from line 7 before Staff Years Worked/Earned are calculated on line 7.

**Line 12** - States should enter the number of monetary redeterminations. (Reserved for future use.)

**Line 13** - Data will automatically be entered from line 1 of the ETA 9016.

\* OMB Approval Numbers: ETA 5159: #1205-0010, expires 3/31/2003; ETA 207: #1205-0150, expires 10/31/2004; ETA 5130: #1205-0172, expires 10/31/2004; ETA 9016: #1205-0268, expires 02/28/2005

**Lines 1-10 and Lines 12-13, Column (b)**

The appropriate MPU values will be entered automatically. If another MPU value is necessary for Line 12, the defaulted MPU value can be overwritten.

**Lines 1-10 and Lines 12-13, Column (c)**

Staff years worked/earned will be calculated automatically using the formula in the General Instructions.

**Line 11, Column (c)**

States should enter the number of staff years worked/used for processing multi-claimant non-monetary determinations and appeals for activities such as labor dispute determinations for individual claimants or retroactive payments resulting from an appeal decision. The quarter-to-date multi-claimant staff years used (extracted from the cost distribution report) should be entered in column (c), line 11, Section B. Note: the computer software automatically subtracts the workload count in column (a), line 11 from the workload count (column a) in lines 7 before Staff Years Worked/Earned are computed in column (c), line 7.

**Line 14** - The Total Staff Years Worked/Earned will be automatically calculated from Lines 1 through 13, column (c).

**Line 15** - Entitlement Staff Years Worked will automatically be calculated by subtracting Base Staff Years Worked for the given quarter from Staff Years Worked/Earned (Line 14). Base Staff Years Worked will automatically be calculated and entered in the parentheses on line 15. 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 16** - Entitlement Staff Years Paid will automatically be calculated by the system by multiplying the experienced leave factor by the data in Line 15, 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 16. If part-time or temporary staff do not earn leave, the staff year entitlement in Line 16 will be equal to the entitlement in Line 15.

**Line 17** - States should enter the Regular UI Contingency quarterly PS/PB rate, which will automatically be multiplied by the data in Line 16.

**Line 18** - States should enter the Regular UI Contingency Support percentage, which will automatically be multiplied by the data in Line 17.

**Line 19** - States should enter costs relating to special cases and note these in the comments section. States should also 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 that use the Immigration and Naturalization Service's (INS) computer database to verify claimants' immigration status. In addition, some States must lease phone lines and equipment in order to use the INS database. These costs are fully reimbursed; however, states that are approved to use the INTERNET system to obtain access to the INS database may not claim leased line and equipment costs. States should specify all such costs in the "Comments" section.

**Line 20** - Total dollar costs, the sum of lines 17, 18, and 19 will automatically be calculated and entered on line 20.

**Line 21** - States should enter the amount of the advance received at the beginning of the quarter for quarterly above base claims operations.

**Line 22** - The net dollar entitlement, Line 22, will automatically be calculated by subtracting the data in line 21 from the data in Line 20 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 Redeterminations MPU value 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 in 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 entry 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.

**Line 11** - States should enter other costs relating to Trade Administration - such as pre-certification activities and newspaper notices - in Line 11. Pre-certification 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. 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 broadband AB program workload. Its source is State data.

**Column (b)** - AB broadband MPU values that will automatically be entered are identical to the Regular broadband MPU values. The AB Redeterminations 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** -(Reserved for future use.)

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

**Line 8** -Staff Years Paid will automatically be calculated by the system by multiplying the same experienced leave factor as for Section B by the data in Line 7.

**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 figure 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.

### FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

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>0348-0039</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)		To: (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 deduction alternative							
d. Net outlays (Line a, less the sum of lines b and c)							
<b>Recipient's share of net outlays, consisting of:</b>							
e. Third party (in-kind) contributions							
f. Other Federal awards authorized to be used to match this 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. Unobligated balance of federal funds (Line o minus line n)							
<b>Program income, consisting of:</b>							
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 realized (Sum of lines q, r and s)							
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box)		d. Total Amount		e. Federal Share	
		<input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
		b. Rate		c. Base			
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 Certifying Official					Date Report Submitted		

Previous Editions not Usable  
NSN 7540-01-012-4285

269-103

Standard Form 269 (REV 4-88)  
Prescribed by OMB Circulars A-102 and A-110

**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.

<b>Item:</b>	<b>Entry:</b>
<b>Item:</b>	<b>Entry:</b>

1, 2 and 3. Self-explanatory.

4. Enter the employer identification number assigned by the U.S. Internal Revenue Service.

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.

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."

9. Self-explanatory.

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 in the same funding period. If this is the first 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.

10a. Enter total gross program outlays. Include disbursements of cash realized as program income if that income will also be shown on lines 10c or 10g. Do not include program income that will be shown on lines 10r or 10s.

For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods

For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind 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, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.

10b. Enter any receipts related to outlays reported on the form that are being treated as a reduction of expenditure rather than income, and were not already netted out of the amount shown as outlays on line 10a.

10c. Enter the amount of program income that was used in accordance with the deduction alternative.

Note: Program income used in accordance with other 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 an application budget and/or a budget on the award document. If actual income is from a different source or is significantly different in amount, attach an explanation or use the remarks section.

10d, e, f, g, h, i and j.  
Self-explanatory.

10k. Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors.

Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but 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.

On the final report, line 10k must be zero.

10l. Self-explanatory.

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

### FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

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>0348-0039</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)		To: (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 deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					
<b>Recipient's share of net outlays, consisting of:</b>					
e. Third party (in-kind) contributions					
f. Other Federal awards authorized to be used to match this 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. Unobligated balance of federal funds (Line o minus line n)					
<b>Program income, consisting of:</b>					
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 realized (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"/> Final <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 Certifying Official				Date Report Submitted	

Previous Editions not Usable  
NSN 7540-01-012-4285

269-103

Standard Form 269 (REV 4-88)  
Prescribed by OMB Circulars A-102 and A-110

<h3 style="margin: 0;">REQUEST FOR ADVANCE OR REIMBURSEMENT</h3> <p style="font-size: small; margin: 0;">(See instructions on back)</p>		OMB APPROVAL NO <b>0348-0004</b>	PAGE <u>    </u> OF <u>    </u> PAGES	
3 FEDERAL SPONSORING AGENCY AND ORGANIZATION ELEMENT TO WHICH THIS REPORT IS SUBMITTED		1. TYPE OF PAYMENT REQUESTED a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "X" the appropriate box <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	
6 EMPLOYER IDENTIFICATION NUMBER		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY		
7 RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST		
8 RECIPIENT ORGANIZATION  Name  Number and Street  City, State and ZIP Code		9. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) TO (month, day, year)		
10. PAYEE (Where check is to be sent if different than item 8)  Name  Number and Street  City, State and ZIP Code				
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
	(a)	(b)	(c)	TOTAL
PROGRAMS/FUNCTIONS/ACTIVITIES ▶				
a. Total program outlays to date (As of date)	\$	\$	\$	\$
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 prescheduled advances	1st month			
	2nd month			
	3rd month			
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY				
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)				\$

**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:

<u>Item</u>	<u>Entry</u>	<u>Item</u>	<u>Entry</u>
2.	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.	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.
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.	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.
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.	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.
7.	This space is reserved for an account number or other identifying number that may be assigned by the recipient.	13	Complete the certification before submitting this request.
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.		
<p>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.</p>			
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.		