				INTE	RIM FINANCIAL	STATUS REPO	RT (FSR) FORM					
	I: State Name:						` ,					
	II: Federal Funding Period:											
	III: Reporting Period:											
	IV: Accounting Basis:											
	V: Grant Award Numbers: State Basic Grant (Title I) -											
	Tech Prep Grant (Title II) -											
	VI: Title I Grant Award Amount:											
	VII: Title II Grant Award Amount:											
	VIII: Title II Funds Consolidated with Title I Funds:											
	IX: Total Title I Funds (Title I Award + Title II Consolida	•										
	X. Total Title II Funds Remaining (Title II - Title II Conso	•										
	XI. Amended Interim FSR:   Date of Filing Amen	ided FSR:										
Row		1 Net Outlays Previously Reported	2 Total Outlays This Report Period	3 Program Income Credits	4 Net Outlays This Report Period (Column 2 - 3)	5 Net Outlays To Date	6 Non-Federal Share of Outlays	7 Total Federal Share of Outlays (Column 5 - 6)	8 Federal Share of Unliquidated Obligations	9 Fed. Share of Outlays & Unliquidated Obligations (Column 7 + 8)	10 Federal Funds Authorized	11 Balance of Unobligated Federal funds (Column 10 - 9)
Α	* TOTAL TITLE I FUNDS *					No inf	ormation is entered of	on this row				
В	LOCAL USES OF FUNDS	No information is entered on this row										
С	RESERVE					No inf	ormation is entered of	on this row				
D	Funds for Secondary Recipients											
E	Funds for Postsecondary Recipients											
F	Total (Row D + E)											
G	FORMULA DISTRIBUTION	No information is entered on this row										
н	Funds for Secondary Recipients											
ı	Funds for Postsecondary Recipients											
J	Total (Row H + I)											
K	TOTAL LOCAL USES OF FUNDS (Row F + J)											
L	STATE LEADERSHIP					No inf	ormation is entered of	on this row				
М	Nontraditional Training and Employment											
N	State Institutions											
0	Other Leadership Activities											
P	TOTAL STATE LEADERSHIP (Row M + N + O)											
Q	STATE ADMINISTRATION	No information is entered on this row										

ADDITIONAL INFORMATION:

No information is entered on this row

XII: Certification: I understand that the use of my PIN to certify and submit this FSR is the same as certifying and signing this document.

Signature or PIN of an Authorized State Official:

\* TOTAL TITLE II FUNDS \*

Title/Agency:

R TOTAL STATE ADMINISTRATION

S TOTAL TITLE I FUNDS (Row K + P + R)

U

Funds for State Administration

V Funds for Local Consortia
W TOTAL TITLE II FUNDS (Row U + V)

				FII	NAL FINANCIAL S	TATUS REPOR	RT (FSR) FORM					
	I: State Name:											
	II: Federal Funding Period:											
	III: Reporting Period:											
	IV: Accounting Basis:											
	V: Grant Award Numbers: State Basic Grant (Title I) -											
	Tech Prep Grant (Title II) -											
	VI: Title I Grant Award Amount:											
	VII: Title II Grant Award Amount:											
	VIII: Title II Funds Consolidated with Title I Funds:											
	IX: Total Title I Funds (Title I Award + Title II Consolida	ated Funds):										
	X. Total Title II Funds Remaining (Title II - Title II Cons	olidated Funds) :										
	XI. Amended Final FSR:   Date of Filing Amende	ed FSR:										
		1	2	3	4	5	6	7	8	9	10	11
		Net Outlays	Total Outlays	Program	Net Outlays	Net Outlays	Non-Federal	Total Federal Share	Federal Share	Fed. Share of Outlays &	Federal Funds	Balance of Unobligated
Row		Previously Reported	This Report Period	Income Credits	This Report Period (Column 2 - 3)	To Date (Column 1 + 4)	Share of Outlays	of Outlays (Column 5 - 6)	of Unliquidated Obligations	Unliquidated Obligations (Column 7 + 8)	Authorized	Federal funds (Column 10 - 9)
Α	* TOTAL TITLE I FUNDS *	No information is entered on this row										
В	LOCAL USES OF FUNDS	No information is entered on this row										
С	RESERVE	No information is entered on this row										
D	Funds for Secondary Recipients											
E	Funds for Postsecondary Recipients											
F	Total (Row D + E)											
G	FORMULA DISTRIBUTION	No information is entered on this row										
н	Funds for Secondary Recipients											
ı	Funds for Postsecondary Recipients											
J	Total (Row H + I)											
ĸ	TOTAL LOCAL USES OF FUNDS (Row F + J)											
L	STATE LEADERSHIP					No inf	ormation is entered	on this row				
М	Nontraditional Training and Employment											
N	State Institutions											
0	Other Leadership Activities											
Р	TOTAL STATE LEADERSHIP (Row M + N + O)											

No information is entered on this row

No information is entered on this row

XII: Certification: I understand that the use of my PIN to certify and submit this FSR is the same as certifying and signing this document.

Signature or PIN of an Authorized State Official:

STATE ADMINISTRATION

\* TOTAL TITLE II FUNDS \*

R TOTAL STATE ADMINISTRATION

S TOTAL TITLE I FUNDS (Row K + P + R)

Funds for State Administration

Funds for Local Consortia

U

Title/Agency: