

# AmeriCorps FINANCIAL STATUS REPORT

(Short Form)

Follow Instructions on Back

Aggregate  Sub-grantee  Parent Organization

1. Federal Agency or Organization to Which Report is Submitted <b>Corporation for National and Community Service</b>		2. Federal Grant Number Assigned by Corporation for National Service		
3. Recipient Organization <i>(please include name and complete address and zip code)</i>				
4. Employer Identificaton Number	5. Recipient Account Number <i>(or identifying number)</i>	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Grant Period <i>(See instructions)</i> From: <i>(Month, Day, Year)</i>		9. Period Covered by this Report From: <i>(Month, Day, Year)</i>		
To: <i>(Month, Day, Year)</i>		To: <i>(Month, Day, Year)</i>		
10. Transactions.	I Previously Reported	II This Period	III Cumulative	
a. Total Outlays				
b. Recipient Share of Outlays <i>(see instructions for 10.b on back)</i>	1. Outlays from Section B-G			
	2. Outlays from Section A			
c. Federal Share of Outlays <i>(see instructions for 10.c on back)</i>	1. Outlays from Section B-G			
	2. Outlays from Section A			
d. Total Unliquidated Obligations	<b>NOT REQUIRED</b>			
e. Recipient Share of Unliquidated Obligations	<b>FOR AMERICORPS</b>			
f. Federal Share of Unliquidated Obligations	<b>GRANTS</b>			
g. Total Federal Share (sum of lines c.1 and c.2)				
h. Total Federal Funds Authorized for This Grant Period				
i. Unobligated Balance of Federal Funds (line h. Minus line g)				
11. Not applicable to AmeriCorps grants. Indirect cost should be included as part of administrative cost.				
12. Remarks: <i>Attach any explanations demed necessary or information required by Federal Sponsoring agency in compliance with governing legislation.</i>				
13. Certification: <i>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.</i>				
Name <i>(typed or printed)</i>	Title <i>(typed or printed)</i>	Telephone Number <i>(please include area code, number and extension)</i>		
Signature of Authorized Certifying Official			Date Report Submitted	