

**MINNESOTA DEPARTMENT OF
EMPLOYMENT AND ECONOMIC DEVELOPMENT**

MONTHLY FINANCIAL STATUS REPORT
(Instructions on next tab)

Report Due: 20TH OF EACH MONTH

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| (SUB)GRANTEE: | |
| ADDRESS: | |
| PREPARED BY: | PHONE: |

| | |
|---------------|------------------|
| GRANT NAME: | |
| GRANT NUMBER: | |
| GRANT PERIOD: | To: |
| REPORT MONTH: | |
| REPORT NO: | FINAL: Yes No |

| Activity ID | COST CATEGORIES (PER APPROVED BUDGET) | A. APPROVED BUDGET PER NFA# _____ | B. PREVIOUS EXPENDITURES REPORTED | C. ACCRUED EXPENDITURES THIS REPORT MONTH | D. ACCRUED CUMULATIVE EXPENDITURES THRU THIS MONTH | E. UNSPENT OBLIGATIONS | F. (A - D - E = F) BALANCE UNOBLIGATED |
|-------------|--|---|--|--|--|------------------------------|---|
| 833 | Administration (8.5% Max.) | | | | | | |
| 857 | Core Services | | | | | | |
| 859 | Intensive Services | | | | | | |
| 838 | NEG-Funded Training Costs | | | | | | |
| 828 | NEG-Funded Support Services | | | | | | |
| | TOTAL | | | | | | |

PLEASE NOTE: All expenditures must be cumulative from one month's FSR to another month's FSR. In addition, there should not be negative numbers. If you must report a negative number, please give a full explanation in the Remarks box below.

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| REMARKS: |
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Submit a single original copy to:

MN Department of Employment & Economic Development
Workforce Development Division
Attn: Volatiana Wiens
1st National Bank Building
332 Minnesota Street, Suite E200
St. Paul, MN 55101-1351

Fax: (651) 215-3842

Certification: I hereby certify that the expenditures of state and federal funds as reported herein are taken from the books of original entry, and all information is correct and consistent with the terms of the grant agreement.

Questions about form? Contact Volatiana Wiens at 651-259-7530 or via email at volatiana.wiens@state.mn.us.

Subgrantee Authorized Signature Date

Typed Name and Title

DEED Approved Date

NATIONAL EMERGENCY GRANT DISLOCATED WORKER MONTHLY FINANCIAL STATUS REPORT

Monthly FSRs must be submitted no later than the 20th of each month. Failure to meet this deadline (without prior approval) may result in suspension of your cash request. Type or print legibly.

(Sub)grantee: Full legal name. Followed by address, agency contact (preparer) and phone number.

Grant Name/Number: Obtain from NGA.

Grant Period: Obtain from NGA.

Report Month: Enter the month for which expenditures are reported.

Report No.: Number each submitted FSR sequentially starting with number "1".

Cost Categories: See definitions located in Fiscal Management policy: Section 2.4; Cash Request & Financial Reporting Forms. [Link to Cost Category Definitions](#)

Column A - Approved Budget: Enter the line item (cost category) amounts which appear in the most recent approved work plan and budget to the grant agreement or modification.

Cost Limitations: The administrative cost limitation is 8.5%.

Column B - Previous Expenditures Reported: Enter the previous month's cumulative expenditures (Column D).

Column C - Accrued Expenditures This Report Month: Enter expenditures for the period being reported from books of original entry. An expenditure can be reflected at the point at which a refund may no longer be obtained, even if you have not received the bill. It must be possible to find the amount entered in this column directly in the books of original entry, or the amounts should be linked directly to those books by worksheets. Adjustments for the report period can be made in your books, as necessary. Adjustments must be reported to DEED in the month they occur.

Column D - Accrued Cumulative Expenditures Thru This Month: Enter the cumulative expenditures.

Column E - Unspent Obligations: Enter the amount of unliquidated obligations using the definition of obligations as stated in Section 660.300 of WIA Regulations - "Obligations means the amounts of orders placed, contracts and subgrants awarded, goods and services received, and similar transaction during a funding period that will require payment by the recipient or subrecipient during the same or a future period." This includes obligations to vendors to pay for services identified in the Individual Service Strategy (ISS). Those services of the ISS that are not obligated to vendors are planned commitments that do not yet meet the definition of obligation.

Column F - Balance Unobligated: This is the amount budgeted which is unobligated [The amount in Column A less amounts in Columns D and E ($A - D - E = F$)].

Authorized Signature: The authorized signature must be recorded, approved in your board minutes, and on file at the agency. Below this signature, type in the name of the person signing, job title, and date.

NOTE: When FSR is finalized, Program Income Earned should equal Program Income Expended.