Attachment III

Trade Adjustment Assistance/NAFTA
Financial Status Report/Request for Funds

1. State: _____________________________
2. Program: ___________________________
3. Fiscal Year Funding: ________________
4. Report Period Ending: _______________

5. Type of Report:
   A. □ Regular Quarterly Report
   B. □ Supplemental Request
   C. □ Final Report
   D. □ Special Report

6. FINANCIAL DATA:

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<thead>
<tr>
<th>Admin</th>
<th>Job Search/ Relocation</th>
<th>Training</th>
<th>Program Total (2+3)</th>
<th>Grand Total (1+4)</th>
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   A. Cumulative Expenditures ........................................ $______ $______ $______ $______ $______
   B. Cumulative Obligations ........................................... $______ $______ $______ $______ $______
   C. Federal Funds Received to Date ............................... $______ $________ $________ $______ $______
   D. Unobligated Balance ............................................. $______ $________ $________ $______ $______
   E. Commitments ........................................................ $______ $________ $________ $______ $______
   F. Uncommitted Balance ............................................. $______ $________ $________ $______ $______
   G. NOA Requested..................................................... $______ $________ $________ $______ $______

7. JUSTIFICATION FOR NOA:

CERTIFICATION: I certify that to the best of my knowledge and belief that the information provided herein is accurate and complete, and that reported obligations are reflected in agency records.

Signature: __________________________ Title: __________________ Date: __________________

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 2 hours per response, including the 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 this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the U.S. Department of Labor, Office of the Comptroller, Room C-5307, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0275).