

AmeriCorps
FINANCIAL STATUS REPORT
(269-A)

1. Federal Agency or Organization to Which Report is Submitted Corporation for National and Community Service		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 Identification Number	5. DUNS Number	6. Final Report __ Yes __ No	7. Basis __ Cash __ Accrual
8. Grant Period		9. Period Covered by this Report	
From: <i>(Beginning of program)</i>	To: <i>(End of program)</i>	From: <i>(Beginning of program)</i>	To: <i>(End of program)</i>
10. Transactions.	Previously Reported	This Period	Cumulative
a. Total Outlays	(NOT REQUIRED)		
b. Recipient Share of Outlays			
c. Federal Share of Outlays			
d. Total Unliquidated Obligations		(NOT REQUIRED)	
e. Recipient Share of Unliquidated Obligations		(MATCH)	
f. Federal Share of Unliquidated Obligations		(GRANT)	
g. Total Federal Funds Authorized for This Grant Period			
h. Unobligated Balance of Federal Funds <i>(line g minus line c)</i>			
11. Not applicable to AmeriCorps grants. Indirect cost should be included as part of administrative cost.			
12. Remarks: <i>(Insert any explanations deemed necessary or information required by Federal Sponsoring agency in compliance with governing legislation.)</i>			
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.			
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