

FINANCIAL STATUS REPORT	1. Employer Identification Number	2. Grant Award Number	3. Final Report? Yes ___ No ___
4. Recipient Organization (name & address, with zip)	5. Project/Grant Period: From (mm/dd/yy) To (mm/dd/yy) 7/1/20__ 6/30/20__	6. Period Covered by this Report: From (mm/dd/yy) To (mm/dd/yy) 7/1/20__ 6/30/20__	9. Cost per student:
	7. Total State Funds Approved:	8. Project Name:	State \$

STATUS OF STATE FUNDS for ABE

Categories	10. ABE L (0-8 GLE)	11. Adult Secondary (9-12 GLE)	12. ESL (all SPL)	13. Institutional & Corrections (subset of #10)	14. Indirect Cost	15. Total State Administration Cost	16. Total State Grant Funds
(a) Total State funds allotted							
(b) Total State funds expended							
(c) State funds Unexpended							

* If there is an unobligated fund balance at the end of the program year (June 30), these funds will be retained at the state level for redistribution through the state funding formula by the WCCC ABE office during the biennium.

Certification I certify to the best of my knowledge and belief that this report is correct and complete and that all expenditures and unliquidated obligations are for the purpose set forth in the award documents. For help with this report, please call Diane McQueen, Wyoming State Director for Adult Education at (307) 777-7885.	17. Signature of Authorized Certifying Official	Date Report Submitted
	Typed or Printed Name and Title Email:	Phone Number and Extension