

ETA 9130 Financial Reporting

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- **Online Grantee Reporting System**
- **Payment Management System**

New Grantee Conference
April 6, 2010

Financial Reporting Requirements

- Required at DOL Regulations
 - 29 CFR 97.41
 - 29 CFR 95.52
- **BASIS** – Accrual
- **FREQUENCY** – Quarterly
- **DUE** – **45 Days** after quarter end for **ALL** ETA Programs

Report Due Date

Example: If Grant Started 09/01/2010 And Ends 09/30/2011

Calendar Year Quarters	Reports Due By
Sep 30, 2010	Nov 15, 2010
Dec 31, 2010	Feb 15, 2011
Mar 31, 2011	May 15, 2011
Jun 30, 2011	Aug 15, 2011
Final Quarter	NOV 15, 2011 – 45 days after grant expiration or exhaustion of funds
Closeout Report	DEC 31, 2011 - 90 days after grant expiration

Overview of Form 9130

http://www.doleta.gov/grants/financial_reporting.cfm

U.S. DOL ETA FINANCIAL REPORT

The report for 12/31/2007 is Locked for View Only as of 09/18/2008 (accepted by jring)

1. Federal Agency and Organizational Element to Which Report is Submitted DOL / ETA		2. Federal Grant or Other Identifying Number Assigned By DOL YB168690860A25 / YB16869YA0		OMB Approval No 1205-0451 Expires 11/30/2009	
3. Recipient Organization (Name and complete address, including ZIP code) YouthBuild USA 58 DAY STREET SOMERVILLE, MA 02144					
4a. DUNS Number 556513810	4b. EIN 223076454	5. Recipient Account Number or Identifying Number 309	6. Final Report No	7. Basis of Accounting Accrual	
8. Project/Grant Period From: 10/15/2007 To: 10/14/2010			9. Reporting Period End Date 12/31/2007		
10. Transactions:		Previous Period	This Period	Cumulative	
Federal Cash: (DOL records reflect quarter end cumulative drawdowns of \$.00)					
a. Cash Receipts		0.00	0.00	0.00	
b. Cash Disbursements		0.00	0.00	0.00	
c. Cash on Hand (line a minus b)		0.00	0.00	0.00	
Federal Expenditures and Unobligated Balance:					
d. Total Federal funds authorized				550,000.00	
e. Federal share of expenditures	0.00	2,989.69	2,989.69		
f. Total administrative expenditures	0.00	443.04	443.04		
g. Federal share of unliquidated obligations			0.00		
h. Total Federal obligations (sum of lines e and g)			2,989.69		
i. Unobligated balance of Federal funds (line d minus h)			547,010.31		
Recipient Share:					
j. Total recipient share required	0.00	137,500.00	137,500.00		
k. Recipient share of expenditures	0.00	1,055.36	1,055.36		
l. Recipient share of unliquidated obligations	0.00	0.00	0.00		
m. Total recipient obligations (sum of lines k and l)	0.00	1,055.36	1,055.36		
n. Remaining recipient share to be provided (line j minus m)	0.00	136,444.64	136,444.64		
Program income:					

Form 9130 – Federal Cash

10. Transactions:	Previous Period	This Period	Cumulative
Federal Cash: (DOL records reflect quarter end cumulative drawdowns of \$.00)			
a. <u>Cash Receipts</u>	0.00	0.00	0.00
b. <u>Cash Disbursements</u>	0.00	0.00	0.00
c. <u>Cash on Hand (line a minus b)</u>	0.00	0.00	0.00

10a	Cash Receipts
10b	Cash Disbursements
10c	Cash On Hand (Line 10a minus Line 10b). Required that cash on hand be kept at a minimum.

Form 9130 - Federal Expenditures and Unobligated Balance

Federal Expenditures and Unobligated Balance:			
d. <u>Total Federal funds authorized</u>			550,000.00
e. <u>Federal share of expenditures</u>	0.00	2,989.69	2,989.69
f. <u>Total administrative expenditures</u>	0.00	443.04	443.04
g. <u>Federal share of unliquidated obligations</u>			0.00
h. <u>Total Federal obligations (sum of lines e and g)</u>			2,989.69
i. <u>Unobligated balance of Federal funds (line d minus h)</u>			547,010.31

10d	Total Federal Funds Authorized
10e	Federal Share of Expenditures
10f	Total Administrative Expenditures
10g	Federal Share of Unliquidated Obligations
10h	Total Federal Obligations (Sum of Lines 10e and 10g)
10i	Unobligated Balance of Federal funds (Line 10d minus Line 10h)

Form 9130 – Recipient Share

Recipient Share:			
j. <u>Total recipient share required</u>	0.00	137,500.00	137,500.00
k. <u>Recipient share of expenditures</u>	0.00	1,055.36	1,055.36
l. <u>Recipient share of unliquidated obligations</u>	0.00	0.00	0.00
m. <u>Total recipient obligations (sum of lines k and l)</u>	0.00	1,055.36	1,055.36
n. <u>Remaining recipient share to be provided (line j minus m)</u>	0.00	136,444.64	136,444.64

10j	Total Recipient Share Required
10k	Recipient Share of Expenditures
10l	Recipient Share of Unliquidated Obligations
10m	Total Recipient Share (sum of Lines 10k and 10l)
10n	Remaining Recipient Share to be Provided (Line 10j minus Line 10m)

Form 9130 – Program Income

Program income:			
o. Total Federal program income earned	0.00	0.00	0.00
p. Program income expended in accordance with the addition method	0.00	0.00	0.00
q. Unexpended program income (line o minus line p)	0.00	0.00	0.00

10o	Total Federal Program Income Earned
10p	Program Income Expended in Accordance With the Addition Alternative
10q	Unexpended Program Income (Line 10o minus Line 10p)

Form 9130 – Additional Expenditures and Remarks

11. Additional expenditure data required		
a. Other Federal funds expended	0	\$0.00
<p>12. <i>Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: CWP applied for an indirect cost rate in December, 2007. To date, a decision has not been made on the plan submitted.</i></p>		

11	Additional expenditure data required
11A	Other Federal Funds
12	Remarks

On-Line Grantee Reporting System

www.etareports.doleta.gov



The screenshot shows a web browser window titled "DOL Grantee Reporting System - Login - Employment & Training Administration". The address bar shows the URL "http://www.etareports.doleta.gov/CFDOCS/grantee_prod/". The page content includes the U.S. Department of Labor logo, the text "U.S. Department of Labor" and "Grantee Reporting System", a password input field, and a "Login" button. Below the login area is a "WARNING" section with legal disclaimers and links for "Department of Labor Privacy and Security Statement", "Accessibility", and "Contact".

DOL Grantee Reporting System - Login - Employment & Training Administration

File Edit View Favorites Tools Help Back Address http://www.etareports.doleta.gov/CFDOCS/grantee_prod/ Links >>

 **U.S. Department of Labor**
Grantee Reporting System

Password:

Login

WARNING: This is a U.S. Government computer system, which may only be accessed and used by authorized personnel for official government business. Individuals using this computer system with or without authorization are subject and consent to having their activities monitored and recorded by authorized system personnel. All data contained on this computer system may be monitored, intercepted, recorded, read, copied, or captured and disclosed in any manner by authorized personnel. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials, and could result in punishment by fine, imprisonment, or both (18 U.S. Code 1030). Unauthorized access or use of this computer system by any person whether authorized or unauthorized, constitutes consent to these terms and may subject violators to criminal, civil, and/or administrative action.

[Department of Labor Privacy and Security Statement](#) | [Accessibility](#) | [Contact](#)

On-Line Grantee Reporting System *cont.*

■ **To obtain on-line access**

- Provide contact information for primary – official with signatory authority, including:
 - Grant agreement number
 - Name
 - Telephone number
 - Email address
- Email to primary contact with password and PIN
 - Passwords (data entry)
 - PINs (data certification)
- Shantay Logan – Logan.Shantay@dol.gov
Avery Malone – Malone.Avery@dol.gov



**U.S. DEPARTMENT OF LABOR
EMPLOYMENT AND TRAINING ADMINISTRATION
Financial Reporting Access Document**

Instructions: This information is used to issue a password and PIN to access the **Financial Reporting System**. Please fill out this information and either press the Submit by Email or Print button to submit the information by Fax (202-693-3362) or email to the following two people:

Logan.Shantay@dol.gov and Malone.Avery@dol.gov.

Once this information is received an email message will be sent directly to the Primary contact person with the password, PIN and instructions.

Thank you.

GRANT AGREEMENT #:

GRANT RECIPIENT NAME:

Primary Contact: This individual is responsible for certifying the accuracy of the financial report by entering the PIN. The PIN is an electronic signature. All information is required below. The password/PIN will be emailed to the Email address provided below.

PRIMARY CONTACT NAME:

CONTACT PHONE: **EMAIL ADDRESS:**

CONTACT FAX:

Secondary Contact: This individual is responsible for entering the data on the report.

SECONDARY CONTACT NAME:

CONTACT PHONE:

QUESTIONS:

Questions concerning the password/PIN for ETA's **Financial Reporting System** should be directed to Shantay Logan and Avery Malone. This form may be faxed to 202-693-3362. Questions concerning the ETA-9130 should be directed to your Federal Project Officer (FPO).

Questions on the completion of the form **SF-1199A** or PMS Subaccounts should be directed to:
Pamela Wilkerson 202-693-2802 or Julia Murray on (202) 693-2821.

Questions concerning your grant/agreement should be directed to your FPO.

Doc: 08/08/2008

On-Line Grantee Reporting System *cont.*

- Two step process
 - 1. Data Entry (password)
 - 2. Certification (PIN)
- Only one password and PIN issued per grantee
 - PIN to be issued to the Primary Contact only
 - PIN is an electronic signature and should not be shared
 - Password is case sensitive and used by the Secondary Contact
- Instructions link provides information on how to use the system

On-Line Grantee Reporting System *cont.*

- Mandatory submission - no reporting period can be skipped
- Each reporting quarter must be certified by grantee
- Report status types
 - Not submitted
 - Awaiting Grantee Certification
 - Grantee Certified
 - Region Accepted

Payment Management System

- Access Funds at HHS – Payment Management System (PMS)
- SF1199A – Direct Deposit Sign-Up Form
- Pamela Wilkerson - Wilkerson.Pamela@dol.gov

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE <i>(last, first, middle initial)</i>		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																					
ADDRESS <i>(street, route, P.O. Box, APO/FPO)</i>		E DEPOSITOR ACCOUNT NUMBER <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> </tr> </table>																					
CITY	STATE	ZIP CODE																					
TELEPHONE NUMBER AREA CODE																							
B NAME OF PERSON(S) ENTITLED TO PAYMENT																							
F TYPE OF PAYMENT <i>(Check only one)</i>																							
<input type="checkbox"/> Social Security		<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay																					
<input type="checkbox"/> Supplemental Security Income		<input type="checkbox"/> MIL Active _____																					
<input type="checkbox"/> Railroad Retirement		<input type="checkbox"/> MIL Retire. _____																					
<input type="checkbox"/> Civil Service Retirement (OPM)		<input type="checkbox"/> MIL Survivor _____																					
<input type="checkbox"/> VA Compensation or Pension		<input type="checkbox"/> Other _____ <i>(specify)</i>																					
C CLAIM OR PAYROLL ID NUMBER																							
Prefix		Suffix																					
G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY <i>(if applicable)</i>																							
TYPE		AMOUNT																					
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION <i>(optional)</i>																					
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																					
SIGNATURE	DATE	SIGNATURE	DATE																				
SIGNATURE	DATE	SIGNATURE	DATE																				

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT										
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> <td style="width: 25px; height: 20px; border: 1px solid black;"></td> </tr> </table>												
DEPOSITOR ACCOUNT TITLE														
FINANCIAL INSTITUTION CERTIFICATION														
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.														
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE											

Financial Institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.



Questions?



Thank You!