



Department of Labor
Northern Mariana Is. U.S. Workforce Act of 2018 (“NMI Workforce Act”)
Commonwealth Worker Fund Plan for Fiscal year (FY) 2024



Quarterly Financial Report CW Fund

1. CNMI Department of Labor	2. CWF Program PY2024
3. Recipient Organization (Name and complete address including zip code)	
4. EIN	
5. Reporting Period: Quarter 1 <input type="checkbox"/> February 01, 2024 - April 30, 2024 Quarter 2 <input type="checkbox"/> May 01, 2024 – July 31, 2024 Quarter 3 <input type="checkbox"/> August 01, 2024 – October 31, 2024 Quarter 4 <input type="checkbox"/> November 01, 2024 – January 31, 2025	6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No 7. Closeout Report <input type="checkbox"/> Yes
8. Transactions	Cumulative
CW Cash:	
a. Cash Receipts for the Reporting Period	\$ -
b. Cash on Hand Remaining from the Previous Reporting Period	\$ -
c. Cumulative Cash Receipts for the Reporting Period (line a plus line b)	\$ -
d. Cash Disbursements for the Reporting Period	\$ -
e. Cash on Hand (line c minus d)	\$ -
Quarterly CW Expenditures and Unobligated Balance:	
f. CW Funds Authorized	\$ -
g. Quarterly Administrative Expenditures	\$ -
h. Quarterly Programmatic Expenditures	\$ -
i. Quarterly Expenditures (line g plus line h)	\$ -
j. Unobligated Balance of CW Funds (line f minus line i)	\$ -
Cumulative CW Expenditures and Unobligated Balance:	
k. Total CW Funds Authorized	\$ -
l. Total Administrative Expenditures	\$ -
m. Total Programmatic Expenditures	\$ -
n. Total Expenditures (line l plus line m)	\$ -
o. Unobligated Balance of CW Funds (line k minus line n)	\$ -

9. Attachments & Remarks: *(Attach any reports and/or explanations deemed necessary or information required by the sponsoring agency in compliance with the MOA.)*

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10. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the CWF award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number, and extension)
	d. Email Address
b. Signature of Authorized Certifying Official	e. Date Report Submitted (MM/DD/YYYY)
	11. Agency Use Only:

Financial Report Instructions

Report Submission

Beginning with the May 15, 2024, quarterly reporting period, CW Fund recipients shall submit their financial reports in this format.

Reports shall be submitted via email on the following dates:

CW Program Year (PY) Reporting Schedule

PROGRAM YEAR reporting period	Report type	Report due date
February-April	First quarter	May 15
May-July	Second Quarter	August 15
August-October	Third Quarter	November 15
November-January	Fourth Quarter	February 15
February 2024 - January 2025	Close out Report	March 16

Reporting Requirements

1) Submission of the Finance report is required on a quarterly basis following the Program Year.

Reporting quarter end dates shall correspond to the following calendar quarter end dates: April 30, July 31, October 31, and January 31.

The last quarter of the Program Year (PY) must be indicated by selecting "YES" in Item 5, Final Report.

2) Quarterly reports are required to be submitted **no later than 15 calendar days** after the end of each specified reporting period. **The reporting due dates are: May 15, August 15, November 15, and February 15.**

The deadlines for report submissions do change in instances when the reporting due date falls on a weekend or holiday. Reporting due dates that fall on a weekend or holiday shall be due on the next working day.

3) All expenditure data is required to be reported **cumulatively from program inception, including each subsequent quarterly disbursement**, through the end of each reporting period.

Expenditure data is required to be reported on an **accrual basis**.

4) All sections of the report **must be completed** unless otherwise noted.

Financial Report Instructions CW Fund

Line Item Number	Reporting/Line Item	Instructions
Cover Information		
1	Government Agency to Which Report is Submitted	"CNMI Department of Labor" PRE-ENTERED
2	Program name	"CWF Program FY2025" PRE-ENTERED
3	Recipient Organization	Name and complete address of recipient organization.
4	EIN	Recipient organization's Employer Identification Number (EIN). Also known as the Federal Employer Identification Number (FEIN), or the Federal Tax Identification Number, the EIN is a unique nine-digit number assigned by the Internal Revenue Service (IRS) to business entities operating in the United States for the purpose of identification.
5	Program Period, From: (MM/DD/YYYY)	The beginning date of the CW award as defined in the CW award document. PRE-ENTERED
	Program Period, To: (MM/DD/YYYY)	The ending date of the CW award as defined in the CW award document, and the final date for which any accrued expenditures can be incurred under the CW award. PRE-ENTERED
6	Final Report (Yes/No)	Select the appropriate box. Check "Yes" only if this is the final quarter report. The closeout will not occur until after the program end date
7	Closeout Report (Yes)	Select this box if this is the Closeout report, due 45 days after the end of the program year. Provide the cumulative amounts for each data point. Provide as an attachment the items listed in the MOA as required.
8	<p>Transactions</p> <p>Enter cumulative amounts in the Cumulative Column for each line item requiring data entry, as of the reporting period end date. NOTE: If any line item does NOT require data entry for a particular program, a ZERO must be entered.</p>	
CW Cash		
8a	Cash Receipts	<p>Enter the amount of actual cash received for the reporting period. Cash received means cash deposited in your bank account.</p> <p>Cash receipts reported should correspond to payment for allowable costs.</p>
8b	Cash on Hand remaining from the Previous Reporting Period	Enter the amount of Cash on Hand remaining from the previous reporting period (Line 8e of the previous reporting period's Quarterly Financial Report). If there is none, enter \$0.
8c	Cumulative Cash Receipts for the Reporting Period	<p>This is an automatic calculation, which is Line 8a (Cash Receipts) plus Line 8b (Cash Cash on hand remaining from the previous reporting period).</p> <p>The Cumulative Cash Receipts for the Reporting Period amount should represent immediate cash needs.</p>

Financial Report Instructions CW Fund

Line Item Number	Reporting/Line Item	Instructions
8d	Cash Disbursements	<p>Enter the amount of cash disbursed from the cumulative cash receipts identified on 8c, as of the reporting period end date.</p> <p>This entry should reflect the sum of actual cash disbursements for direct charges for goods and services, and the amount of cash advance payments and payments made to subrecipients and subcontractors.</p> <p><i>If the cumulative entry for this line item is less than the cash receipts cumulative amount in 8c, a valid explanation should be provided in line item 9 Attachments & Remarks.</i></p>
8e	Cash on Hand <i>(line 8c minus line 8d)</i>	<p>This is an automatic calculation, which is Line 8c (Cumulative Cash Receipts for the Reporting Period) minus Line 8d (Cash Disbursements). The cash on hand amount should represent immediate cash needs.</p> <p><i>An explanation for the excess cash on hand amount should be provided in line item 9 Attachments & Remarks.</i></p>
Quarterly CW Expenditures and Unobligated Balance:		
8f	Quarterly CW Funds Authorized	Enter the total amount of CW funds received for the reporting quarter. This should be the same amount as in Line 8a.
8g	Quarterly Administrative Expenditures	Enter the cumulative amount of accrued Administrative Expenditures for allowable costs associated with the funds authorized on Line 8d (Cash Disbursements) during the program year quarter.
8h	Quarterly Programmatic Expenditures	Enter the cumulative amount of accrued Programmatic Expenditures for allowable costs associated with the funds authorized on Line 8d (Cash Disbursements) during the program year quarter.
8i	Quarterly Expenditures <i>(sum of line 8g and line 8h)</i>	This is an automatic calculation, which is the sum of Lines 8g (Quarterly Administrative Expenditures) and 8h (Quarterly Programmatic Expenditures).
8j	Unobligated Balance of CW Funds <i>(line 8f minus line 8i)</i>	This is an automatic calculation, which is Line 8f (Quarterly CW Funds Authorized) minus Line Item 8i (Quarterly Expenditures).
Cumulative CW Expenditures and Unobligated Balance:		
8k	Total CW Funds Authorized	Enter the total amount of CW funds received for the Program Year thus far.
8l	Total Administrative Expenditures	Enter the cumulative amount of accrued Administrative Expenditures for allowable costs associated with the funds authorized on Line 8k (Total CW Funds Authorized) for the Program Year thus far.
8m	Total Programmatic Expenditures	Enter the cumulative amount of accrued Programmatic Expenditures for allowable costs associated with the funds authorized on Line 8k (Total CW Funds Authorized) for the Program Year thus far.
8n	Total Expenditures <i>(sum of line 8l and line 8m)</i>	This is an automatic calculation, which is the sum of Lines 8l (Total Administrative Expenditures) and 8m (Total Programmatic Expenditures).

Financial Report Instructions CW Fund

Line Item Number	Reporting/Line Item	Instructions
8o	Unobligated Balance of CW Funds <i>(line 8k minus line 8n)</i>	This is an automatic calculation, which is Line 8k (Total CW Funds Authorized) minus Line 8n (Total Expenditures). <u>Any unobligated balance reported in the Closeout report at the end of the Program year, shall be returned to the CNMI DOL as per the MOA.</u>
9	Attachments & Remarks Enter any attachments and/or explanations deemed necessary by the recipient or information required by CNMI DOL. (This section supports transactions entered on lines identified in Section 8 as applicable.)	
10a-b	Certification The authorized official certifies accuracy of reported data. “By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the CWF award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.”	
10c	Telephone (Area Code, Number and Extension)	Include the telephone number of the certifying official.
10d	Email Address	Include the email address of the certifying official.
10e	Date Report Submitted (MM/DD/YYYY)	Include the date the Finance Report is certified/submitted to CNMI DOL.
10f	Agency Use Only	This section is reserved for CNMI DOL use.