

**COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
EMPLOYMENT AND TRAINING PROGRAMS
STAND-IN COST REPORT FORM (SICRF)**

Recipient: _____

Incurred During Program Year Ended: _____

CDLE Assigned VAX SICRF #: _____

GRANTS	Program Year of Funds	COST CATEGORY(IES)/BUDGET LINE ITEM(S)				Total
		Administration	Program	Other:	Other:	
GRANT NAME <i>WIA Adult</i>						
Current						0.00
Prior						0.00
Year Before Prior						0.00
GRANT NAME <i>WIA Dislocated Workers</i>						
Current						0.00
Prior						0.00
Year Before Prior						0.00
GRANT NAME <i>WIA Youth</i>						
Current						0.00
Prior						0.00
Year Before Prior						0.00
GRANT NAME <i>WIA 10%Statewide Actv.</i>						
Current						0.00
Prior						0.00
Year Before Prior						0.00
GRANT NAME <i>WIA Local Admin.</i>						
Current						0.00
Prior						0.00
Year Before Prior						0.00
GRANT NAME <i>WIA 25% Enh. DW Admin</i>						
Current						0.00
Prior						0.00
Year Before Prior						0.00
GRANT NAME <i>WIA 25% Enh. DW Program</i>						
Current						0.00
Prior						0.00
Year Before Prior						0.00
GRANT NAME <i>WIA 25%Innovatv Proj.</i>						
Current						0.00
Prior						0.00
Year Before Prior						0.00

CERTIFICATION:

I certify to the best of my knowledge and belief the above reported information is accurate and complete of the period reported.

 Authorized Signature

 Date

**COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
EMPLOYMENT AND TRAINING PROGRAMS
STAND-IN COST REPORT FORM (SICRF)**

Subrecipient: _____

Incurred During Program Year Ended: _____

CDLE Assigned SICR #: _____

GRANTS	Program/ Fiscal Year of Funds	COST CATEGORY(IES)/BUDGET LINE ITEM(S)				Total
		Administration	Program	Other:		
GRANT NAME <i>WIA NER Grant</i>						
	Current					0.00
	Prior					0.00
	Year Before Prior					0.00
GRANT NAME <i>Wagner Peyser</i>						
	Current					0.00
	Prior					0.00
	Year Before Prior					0.00
GRANT NAME <i>WP 10% SJH</i>						
	Current					0.00
	Prior					0.00
	Year Before Prior					0.00
GRANT NAME <i>Vets DVOP</i>						
	Current					0.00
	Prior					0.00
	Year Before Prior					0.00
GRANT NAME <i>Vets LVER</i>						
	Current					0.00
	Prior					0.00
	Year Before Prior					0.00
GRANT NAME <i>UI Reemployment Svc</i>						
	Current					0.00
	Prior					0.00
	Year Before Prior					0.00
GRANT NAME <i>Unemployment Ins.</i>						
	Current					0.00
	Prior					0.00
	Year Before Prior					0.00

CERTIFICATION:

I certify to the best of my knowledge and belief the above reported information is accurate and complete of the period reported.

Authorized Signature_____
Date

See instructions for completing this form on the next page.

**COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
EMPLOYMENT AND TRAINING PROGRAMS
STAND-IN COST REPORT FORM (SICRF)**

Instructions for Completing the Stand-In Cost Report Form (SICRF):

Subrecipient: Enter the subrecipient's name that incurred stand-in costs.

Incurred During Program Year Ended: Enter the program year ended in which the program income cost were incurred.

CDLE Assigned VAX SICRF #: After the initial reporting of incurred stand-in costs using the SICRF, CDLE will create a VAX Stand-In Cost Report Form (VSICRF). Enter the VAX number of the VSICRF, if known.

Cost Category(ies)/Budget Line Item(s): Other: If stand-in costs were incurred against cost categories/budget line items other than Administration and Program, enter the cost category/budget line item.

Program Year of Funds: For each applicable grant that incurred stand-in costs, enter the applicable program/fiscal year of funds. For example, during program year 2000, a subrecipient could have incurred stand-in costs against its 2000 program year of funds (current), 1999 program year of funds (prior year), and 1998 program year of funds (year before prior year). As such, "00" would be entered on the Current line, "99" would be entered on the Prior Year line, and "98" would be entered on the Year Before Prior Year line.

Grant Name: For each grant name, report the stand-in costs incurred, by cost category/budget line item, against the current, prior, and year before the prior program/fiscal year's of funds, during the program year ended period. If stand-in costs benefitted a grant(s) other than those listed on page 1 and page 2, provide the grant name(s) on page 2 at the end of the chart.

Authorized Signature and Date: Original form submitted to CDLE must be signed and dated by authorized signatory.