



FINANCIAL STATUS REPORT

(SHAKI FUKU)

1. FEDERAL AGENCY AND ORGANIZATIONAL NUMBER (TO WHICH REPORT IS SUBMITTED) US Department of Labor - ETA	2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 184-05	OMB APPROVAL NO. 0548-0045	PAGE OF 1 of 1
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3. RECIPIENT ORGANIZATION (NAME AND COMPLETE ADDRESS, INCLUDING ZIP CODE)

STATE OF ALASKA, DEPARTMENT OF LABOR
P.O. BOX 21149
JUNEAU, ALASKA 99802-1149

4. EMPLOYER IDENTIFICATION NUMBER 92-6001185	5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER PR 50091 PMS# 184-05	6. FINAL REPORT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	7. BASE CASH <input checked="" type="checkbox"/> ACCRUAL <input type="checkbox"/>
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8. FUNDING PERIOD FROM: (MONTH, DAY, YEAR) July 1, 2005	9. PERIOD COVERED BY THIS RECORD FROM: (MONTH, DAY, YEAR) January 1, 2007	TO: (MONTH, DAY, YEAR) June 30, 2008	TO: (MONTH, DAY, YEAR) March 31, 2007
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10. TRANSACTIONS:

	I. PERIOD COVERED BY THIS RECORD		III. CUMULATIVE
	FROM: (MONTH, DAY, YEAR)	TO: (MONTH, DAY, YEAR)	
A. TOTAL OUTLAYS	5,360,684.88	234,129.86	5,594,814.74
B. RECIPIENT SHARE OF OUTLAYS	0.00	0.00	0.00
C. FEDERAL SHARE OF OUTLAYS	5,360,684.88	234,129.86	5,594,814.74
D. TOTAL UNLIQUIDATED OBLIGATIONS			965,917.35
E. RECIPIENT SHARE OF UNLIQUIDATED OBLIGATIONS			0.00
F. FEDERAL SHARE OF UNLIQUIDATED OBLIGATIONS			965,917.35
G. TOTAL FEDERAL SHARE (SUM OF LINES C AND F)			6,560,732.09
H. TOTAL FEDERAL FUNDS AUTHORIZED FOR THIS FUNDING PERIOD			6,596,800.00
I. UNOBLIGATED BALANCE OF FEDERAL FUNDS (LINE H MINUS LINE G)			36,067.91

11. INDIRECT EXPENSE	A. TYPE OF RATE		D. TOTAL AMOUNT	E. FEDERAL SHARE
	B. RATE	C. BASE		
	4.5%	220,042.79	9901.93	9901.93

12. REMARKS: ATTACH ANY EXPLANATIONS DEEMED NECESSARY OR INFORMATION REQUIRED BY FEDERAL SPONSORING AGENCY IN COMPLIANCE WITH GOVERNING LEGISLATION.

Rate	Base	Total Amount	Federal Share
SY06 4.5%	198,535.93	8934.12	8934.12
SY07 4.5%	21,506.86	967.81	967.81
Total	220,042.79	9,901.93	9,901.93

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 PURPOSE SET FORTH IN THE AWARD DOCUMENTS

TYPED OR PRINTED NAME AND TITLE Michael Weaver, Accountant III	TELEPHONE (AREA CODE, NUMBER AND EXTENSION) (907)465-8577
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <i>Michael L. Weaver</i>	DATE REPORT SUBMITTED 04/26/07

