13.	CERTIFICATION	
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL Karen Goodwin	DATE REQUEST SUBMITTED February 6, 2008
	TYPED OR PRINTED NAME AND TITLE Karen Goodwin Director of Administration	TELEPHONE (AREA CODE, NUMBER, EXTENSION) 907 442-3472 ext 232

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item	*Entry*
2	Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.
4	Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.
6	Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.
8	Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.
Note:	The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.
11	The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
11a	Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
11b	Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
11d	Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
13	Complete the certification before submitting this request.

FORM **SF-SAC** (5-2004)

U.S. DEPT. OF COMM.– Econ. and Stat. Admin.– U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
OFFICE OF MANAGEMENT AND BUDGET

Data Collection Form for Reporting on AUDITS OF STATES, LOCAL GOVERNMENTS, AND NON-PROFIT ORGANIZATIONS for Fiscal Year Ending Dates in 2004, 2005, or 2006

Complete this form, as required by OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

RETURN TO **Federal Audit Clearinghouse**
1201 E. 10th Street
Jeffersonville, IN 47132

PART I GENERAL INFORMATION *(To be completed by auditee, except for Items 4 and 7)*

1. Fiscal period ending date for this submission

Month	Day	Year
06	30	2007

Fiscal Period End Dates Must Be In 2004, 2005, or 2006

2. Type of Circular A-133 audit
1 [X] Single audit 2 [ ] Program-specific audit

3. Audit period covered
1 [X] Annual 2 [ ] Biennial 3 [ ] Other – [ ] Months

4. FEDERAL GOVERNMENT USE ONLY Date received by Federal clearinghouse

5. Auditee Identification Numbers

a. Primary Employer Identification Number (EIN)
92 – 0056820

b. Are multiple EINs covered in this report? 1 [ ] Yes 2 [X] No

c. If Part I, Item 5b = "Yes," complete Part I, Item 5c on the continuation sheet on Page 4.

d. Data Universal Numbering System (DUNS) Number
78 – 782 – 3277

e. Are multiple DUNS covered in this report? 1 [ ] Yes 2 [X] No

f. If Part I, Item 5e = "Yes," complete Part I, Item 5f on the continuation sheet on Page 4.

6. AUDITEE INFORMATION

a. Auditee name
NORTHWEST ARCTIC BOROUGH SCHOOL DISTRICT

b. Auditee address *(Number and street)*
PO BOX 51

City
KOTZEBUE

State AK ZIP + 4 Code 99752 – 0051

c. Auditee contact
Name
KAREN GOODWIN

Title
FINANCE DIRECTOR

d. Auditee contact telephone
(907) 442 – 3472

e. Auditee contact FAX
(907) 442 – 2082

f. Auditee contact E-mail
KGOODWIN@NWARCTIC.ORG

g. AUDITEE CERTIFICATION STATEMENT – This is to certify that, to the best of my knowledge and belief, the auditee has: (1) engaged an auditor to perform an audit in accordance with the provisions of OMB Circular A-133 for the period described in Part I, Items 1 and 3; (2) the auditor has completed such audit and presented a signed audit report which states that the audit was conducted in accordance with the provisions of the Circular; and, (3) the information included in **Parts I, II,** and **III** of this data collection form is accurate and complete. I declare that the foregoing is true and correct.

Signature of certifying official: Karen Goodwin
Date: Month 12 Day 19 Year 2007

Printed Name of certifying official
KAREN GOODWIN

Printed Title of certifying official
Director of ADMIN. SERVICES

7. AUDITOR INFORMATION *(To be completed by auditor)*

a. Auditor name
MIKUNDA, COTTRELL & CO.

b. Auditor address *(Number and street)*
3601 C STREET, SUITE 600

City
ANCHORAGE

State AK ZIP + 4 Code 99503 –

c. Auditor contact
Name
ERIC CAMPBELL

Title
PARTNER

d. Auditor contact telephone
(907) 278 – 8878

e. Auditor contact FAX
(907) 278 – 5779

f. Auditor contact E-mail
ECAMPBELL@MCC-CPA.COM

g. AUDITOR STATEMENT – The data elements and information included in this form are limited to those prescribed by OMB Circular A-133. The information included in Parts II and III of the form, except for Part III, Items 7, 8, and 9a-9f, was transferred from the auditor's report(s) for the period described in Part I, Items 1 and 3, and **is not a substitute** for such reports. The auditor has not performed any auditing procedures since the date of the auditor's report(s). A copy of the reporting package required by OMB Circular A-133, which includes the complete auditor's report(s), is available in its entirety from the auditee at the address provided in Part I of this form. As required by OMB Circular A-133, the information in **Parts II** and **III** of this form was entered in this form by the auditor based on information included in the reporting package. The auditor has not performed any additional auditing procedures in connection with the completion of this form.

Signature of auditor

Date Month / Day / Year

PART II FINANCIAL STATEMENTS *(To be completed by auditor)*

1. Type of audit report
   Mark either: 1 [X] Unqualified opinion **OR**
   any combination of: 2 [ ] Qualified opinion 3 [ ] Adverse opinion 4 [ ] Disclaimer of opinion

2. Is a "going concern" explanatory paragraph included in the audit report? 1 [ ] Yes 2 [X] No

3. Is a reportable condition disclosed? 1 [X] Yes 2 [ ] No – *SKIP to Item 5*

4. Is any reportable condition reported as a material weakness? 1 [X] Yes 2 [ ] No

5. Is a material noncompliance disclosed? 1 [ ] Yes 2 [X] No

PART III FEDERAL PROGRAMS *(To be completed by auditor)*

1. Does the auditor's report include a statement that the auditee's financial statements include departments, agencies, or other organizational units expending $500,000 or more in Federal awards that have separate A-133 audits which are not included in this audit? (AICPA Audit Guide, Chapter 12) 1 [ ] Yes 2 [X] No

2. What is the dollar threshold to distinguish Type A and Type B programs? (OMB Circular A-133 §___.520(b)) $ 395,231

3. Did the auditee qualify as a low-risk auditee? (§___.530) 1 [ ] Yes 2 [X] No

4. Is a reportable condition disclosed for any major program? (§ ___.510(a)(1)) 1 [X] Yes 2 [ ] No –*SKIP to Item 6*

5. Is any reportable condition reported as a material weakness? (§ ___.510(a)(1)) 1 [X] Yes 2 [ ] No

6. Are any known questioned costs reported? (§ ___.510(a)(3) or (4)) 1 [ ] Yes 2 [X] No

7. Were Prior Audit Findings related to **direct** funding shown in the Summary Schedule of Prior Audit Findings? (§___.315(b)) 1 [ ] Yes 2 [X] No

8. Indicate which **Federal** agency(ies) have current year audit findings related to **direct** funding or prior audit findings shown in the Summary Schedule of Prior Audit Findings related to **direct** funding. *(Mark (X) all that apply or None)*

- 98 [ ] U.S. Agency for International Development
- 10 [ ] Agriculture
- 23 [ ] Appalachian Regional Commission
- 11 [ ] Commerce
- 94 [ ] Corporation for National and Community Service
- 12 [ ] Defense
- 84 [ ] Education
- 81 [ ] Energy
- 66 [ ] Environmental Protection Agency
- 83 [ ] Federal Emergency Management Agency
- 39 [ ] General Services Administration
- 93 [ ] Health and Human Services
- 97 [ ] Homeland Security
- 14 [ ] Housing and Urban Development
- 03 [ ] Institute of Museum and Library Services
- 15 [ ] Interior
- 16 [ ] Justice
- 17 [ ] Labor
- 09 [ ] Legal Services Corporation
- 43 [ ] National Aeronautics and Space Administration
- 89 [ ] National Archives and Records Administration
- 05 [ ] National Endowment for the Arts
- 06 [ ] National Endowment for the Humanities
- 47 [ ] National Science Foundation
- 07 [ ] Office of National Drug Control Policy
- 59 [ ] Small Business Administration
- 96 [ ] Social Security Administration
- 19 [ ] U.S. Department of State
- 20 [ ] Transportation
- 21 [ ] Treasury
- 82 [ ] United States Information Agency
- 64 [ ] Veterans Affairs
- 00 [X] **None**
- [ ] Other – *Specify:*

Each agency identified is required to receive a copy of the reporting package.

In addition, one copy each of the reporting package is required for:

- the Federal Audit Clearinghouse archives . . . . . [X]
- and, if not marked above, the Federal cognizant agency . . . . . [ ]

Count total number of boxes marked above and submit this number of reporting packages 1

Primary EIN: 9 2 – 0 0 5 6 8 2 0

FORM SF-SAC (5-2004)

PART III FEDERAL PROGRAMS – Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR

CFDA Number: Federal Agency Prefix[1] (a)	CFDA Number: Extension[2] (b)	Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program: Major program (g)	Major program: If yes, type of audit report[3] (h)	**10.** AUDIT FINDINGS: Type(s) of compliance requirement(s)[4] (a)	Audit finding reference number(s)[5] (b)
1 0	.550	1 ☐ Yes 2 ☒ No	U.S.D.A. COMMODITIES	$ 34,326 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
1 0	.555	1 ☐ Yes 2 ☒ No	NATIONAL SCHOOL LUNCH PROGRAM	$ 1,017,970 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
8 4	.010	1 ☐ Yes 2 ☒ No	TITLE I GRANTS TO LOCAL EDUCATIONAL AGENCIES	$ 983,723 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
8 4	.011	1 ☐ Yes 2 ☒ No	MIGRANT EDUCATION PROGRAM	$ 420,867 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
8 4	.186	1 ☐ Yes 2 ☒ No	TITLE IV-A, SAFE & DRUG FREE SCHOOLS	$ 26,534 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
8 4	.298	1 ☐ Yes 2 ☒ No	TITLE V-A, INNOVATIVE PROGRAMS	$ 8,005 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
8 4	.318	1 ☐ Yes 2 ☒ No	TITLE IID, ENHANCING EDUCATION THROUGH TECHNOLOGY	$ 43,546 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
8 4	.365	1 ☐ Yes 2 ☒ No	ENGLISH LANGUAGE ACQUISITION	$ 25,842 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
8 4	.367	1 ☐ Yes 2 ☒ No	IMPROVING TEACHER QUALITY	$ 291,079 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
8 4	.011	1 ☐ Yes 2 ☒ No	MIGRANT EDUCATION BOOK	$ 1,982 .00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
TOTAL FEDERAL AWARDS EXPENDED →				$ 13,174,375 .00					

IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS

[1] See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

[2] Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. *(See Instructions)*

[3] If major program is marked "Yes," enter only one letter (**U** = Unqualified opinion, **Q** = Qualified opinion, **A** = Adverse opinion, **D** = Disclaimer of opinion) corresponding to the type of audit report in the adjacent box. If major program is marked "No," leave the type of audit report box blank.

[4] Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, reportable conditions (including material weaknesses), questioned costs, fraud, and other items reported under § ___ .510(a)) reported for each Federal program.

- A. Activities allowed or unallowed
- B. Allowable costs/cost principles
- C. Cash management
- D. Davis – Bacon Act
- E. Eligibility
- F. Equipment and real property management
- G. Matching, level of effort, earmarking
- H. Period of availability of Federal funds
- I. Procurement and suspension and debarment
- J. Program income
- K. Real property acquisition and relocation assistance
- L. Reporting
- M. Subrecipient monitoring
- N. Special tests and provisions
- O. None
- P. Other

[5] N/A for NONE

Primary EIN: 92 – 0056820

FORM SF-SAC (5-2004)

PART III FEDERAL PROGRAMS – Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR

CFDA Number: Federal Agency Prefix[1] (a)	CFDA Number: Extension[2] (b)	Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program: Major program (g)	Major program: If yes, type of audit report[3] (h)	**10.** AUDIT FINDINGS: Type(s) of compliance requirement(s)[4] (a)	Audit finding reference number(s)[5] (b)
84	.027	1 ☐ Yes 2 ☒ No	SPECIAL EDUCATION	$ 536,155.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
84	.048	1 ☐ Yes 2 ☒ No	CARL PERKINS	$ 69,824.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
84	.173	1 ☐ Yes 2 ☒ No	PRESCHOOL DISABLED	$ 7,277.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
84	.322	1 ☐ Yes 2 ☒ No	COMPREHENSIVE SCHOOL REFORM & DEMONSTRATION	$ 5,713.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
84	.181	1 ☐ Yes 2 ☒ No	EARLY INTERVENTION/INFANT LEARNING PROGRAM	$ 42,535.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
84	.002	1 ☐ Yes 2 ☒ No	ADULT BASIC EDUCATION	$ 40,270.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
84	.356	1 ☐ Yes 2 ☒ No	ALASKA NATIVE EDUCATIONAL	$ 8,336.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
84	.356	1 ☐ Yes 2 ☒ No	ALASKA NATIVE EDUCATIONAL	$ 704,232.00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
84	.060	1 ☐ Yes 2 ☒ No	INDIAN EDUCATION	$ 514,150.00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
84	.334	1 ☐ Yes 2 ☒ No	GEAR UP	$ 58,568.00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
TOTAL FEDERAL AWARDS EXPENDED →				$ 13,174,375.00	*IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS*				

[1] See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

[2] Or other identifying number when the Catalog of Federal Domestic Assistance (CFDA) number is not available. *(See Instructions)*

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[4] Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, reportable conditions (including material weaknesses), questioned costs, fraud, and other items reported under §___.510(a)) reported for each Federal program.

- A. Activities allowed or unallowed
- B. Allowable costs/cost principles
- C. Cash management
- D. Davis – Bacon Act
- E. Eligibility
- F. Equipment and real property management
- G. Matching, level of effort, earmarking
- H. Period of availability of Federal funds
- I. Procurement and suspension and debarment
- J. Program Income
- K. Real property acquisition and relocation assistance
- L. Reporting
- M. Subrecipient monitoring
- N. Special tests and provisions
- O. None
- P. Other

[5] N/A for NONE

Primary EIN: 92 – 0056820

FORM SF-SAC (5-2004)

PART III FEDERAL PROGRAMS – Continued

9. FEDERAL AWARDS EXPENDED DURING FISCAL YEAR

CFDA Number: Federal Agency Prefix[1] (a)	CFDA Number: Extension[2] (b)	Research and development (c)	Name of Federal program (d)	Amount expended (e)	Direct award (f)	Major program (g)	If yes, type of audit report[3] (h)	**10.** AUDIT FINDINGS: Type(s) of compliance requirement(s)[4] (a)	Audit finding reference number(s)[5] (b)
84	.041	1 ☐ Yes 2 ☒ No	IMPACT AID	$ 7,156,812.00	1 ☒ Yes 2 ☐ No	1 ☒ Yes 2 ☐ No	U	O	N/A
93	.959	1 ☐ Yes 2 ☒ No	C.B.H.P. INTERVENTION SERVICES	$ 34,586.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
93	.558	1 ☐ Yes 2 ☒ No	ADULT BASIC EDUCATION TUTORS	$ 45,114.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
17	.258	1 ☐ Yes 2 ☒ No	WIA ADULT & DISLOCATED WORKERS	$ 99,337.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
17	.261	1 ☐ Yes 2 ☒ No	MILLRIGHT TRAINING PROJECT	$ 210,377.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
15	.130	1 ☐ Yes 2 ☒ No	INDIAN EDUCATION/ASSISTANCE TO SCHOOLS	$ 41,713.00	1 ☒ Yes 2 ☐ No	1 ☐ Yes 2 ☒ No		O	N/A
14	.515	1 ☐ Yes 2 ☒ No	CONSTRUCTION TRADES TECHNOLOGY	$ 54,118.00	1 ☐ Yes 2 ☒ No	1 ☐ Yes 2 ☒ No		O	N/A
90	.100	1 ☐ Yes 2 ☒ No	DENALI COMMISSION	$ 691,384.00	1 ☐ Yes 2 ☒ No	1 ☒ Yes 2 ☐ No	Q	BL	07-01, 07-02, 07-03
	.	1 ☐ Yes 2 ☐ No		$ .00	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No			
	.	1 ☐ Yes 2 ☐ No		$ .00	1 ☐ Yes 2 ☐ No	1 ☐ Yes 2 ☐ No			

TOTAL FEDERAL AWARDS EXPENDED → $ 13,174,375.00

IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS.

[1] See Appendix 1 of instructions for valid Federal Agency two-digit prefixes.

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[4] Enter the letter(s) of all type(s) of compliance requirement(s) that apply to audit findings (i.e., noncompliance, reportable conditions (including material weaknesses), questioned costs, fraud, and other items reported under § ___ .510(a)) reported for each Federal program.

- A. Activities allowed or unallowed
- B. Allowable costs/cost principles
- C. Cash management
- D. Davis – Bacon Act
- E. Eligibility
- F. Equipment and real property management
- G. Matching, level of effort, earmarking
- H. Period of availability of Federal funds
- I. Procurement and suspension and debarment
- J. Program income
- K. Real property acquisition and relocation assistance
- L. Reporting
- M. Subrecipient monitoring
- N. Special tests and provisions
- O. None
- P. Other

[5] N/A for NONE

Primary EIN: 92 – 0056820

PART I **Item 5 Continuation Sheet**

c. List the multiple Employer Identification Numbers (EINs) covered in this report.

1	N/A	21		41	
2		22		42	
3		23		43	
4		24		44	
5		25		45	
6		26		46	
7		27		47	
8		28		48	
9		29		49	
10		30		50	
11		31		51	
12		32		52	
13		33		53	
14		34		54	
15		35		55	
16		36		56	
17		37		57	
18		38		58	
19		39		59	
20		40		60	

f. List the multiple DUNS covered in the report.

1	N/A	21	
2		22	
3		23	
4		24	
5		25	
6		26	
7		27	
8		28	
9		29	
10		30	
11		31	
12		32	
13		33	
14		34	
15		35	
16		36	
17		37	
18		38	
19		39	
20		40	

IF ADDITIONAL LINES ARE NEEDED, PLEASE PHOTOCOPY THIS PAGE, ATTACH ADDITIONAL PAGES TO THE FORM, AND SEE INSTRUCTIONS.