



## FINANCIAL STATUS REPORT

(SHRINK FORM)

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED US Department of Labor - ETA		2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 0 0088-DC-2003-T1		3. OMB APPROVAL NO. 0348-0029	PAGE OF 1 of 1
4. 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 52265 PMS# 0088-DC-2003-T1		6. FINAL REPORT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	7. BASE CASH <input type="checkbox"/> ACCRUAL <input checked="" type="checkbox"/>	
8. FUNDING/GRANT PERIOD FROM: (MONTH, DAY, YEAR) May 15, 2003		TO: (MONTH, DAY, YEAR) June 30, 2008		9. PERIOD COVERED BY THIS RECORD FROM: (MONTH, DAY, YEAR) January 1, 2006	
TO: (MONTH, DAY, YEAR) March 31, 2006					
10. TRANSACTIONS:			I PREV. REPORTED	II THIS PERIOD	III CUMULATIVE
A. TOTAL OUTLAYS			2,357,884.33	32,746.48	2,390,630.81
B. RECIPIENT SHARE OF OUTLAYS			0.00	0.00	0.00
C. FEDERAL SHARE OF OUTLAYS			2,357,884.33	32,746.48	2,390,630.81
D. TOTAL UNLIQUIDATED OBLIGATIONS					0.00
E. RECIPIENT SHARE OF UNLIQUIDATED OBLIGATIONS					0.00
F. FEDERAL SHARE OF UNLIQUIDATED OBLIGATIONS					0.00
G. TOTAL FEDERAL SHARE (SUM OF LINES C AND F)					2,390,630.81
H. TOTAL FEDERAL FUNDS AUTHORIZED FOR THIS FUNDING PERIOD					2,500,000.00
I. UNOBLIGATED BALANCE OF FEDERAL FUNDS (LINE H MINUS LINE G)					109,369.19
11. INDIRECT EXPENSE	A. TYPE OF RATE		___ PROVISIONAL ___ PRUDETERMINED ___ FINAL ___ MIXED		
	B. RATE 5.5%	C. BASE 69,675.82	D. TOTAL AMOUNT 3832.17	E. FEDERAL SHARE 3832.17	
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		
6.0%	61,020.91	3661.27	3661.27		
5.5%	<u>3,107.03</u>	<u>170.90</u>	<u>170.90</u>		
Total	64,127.94	3,832.17	3,832.17		
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 Marilyn San Miguel, Accountant III			TELEPHONE (AREA CODE, NUMBER AND EXTENSION) (907)465-8577		
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 			DATE REPORT SUBMITTED 04/21/06		

ACCEPTED