



## FINANCIAL STATUS REPORT

(SHOW FORM)

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED <b>US Department of Labor - ETA</b>		2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY <b>184-05</b>		OMB APPROVAL NO. 0548-0037	PAGE 01 OF 1
3. RECIPIENT ORGANIZATION (NAME AND COMPLETE ADDRESS, INCLUDING ZIP CODE) <b>STATE OF ALASKA, DEPARTMENT OF LABOR P.O. BOX 21149 JUNEAU, ALASKA 99802-1149</b>					
4. EMPLOYER IDENTIFICATION NUMBER <b>92-6001185</b>		5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER <b>PR 50091 PMS# 184-05</b>		6. FINAL REPORT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. BASE CASH <input type="checkbox"/> ACCRUAL <input checked="" type="checkbox"/>
8. FUNDING/GRANT PERIOD FROM: (MONTH, DAY, YEAR) <b>July 1, 2005</b>		TO: (MONTH, DAY, YEAR) <b>June 30, 2008</b>		9. PERIOD COVERED BY THIS RECORD FROM: (MONTH, DAY, YEAR) <b>January 1, 2006</b>	
TO: (MONTH, DAY, YEAR) <b>March 31, 2006</b>					
10. TRANSACTIONS:					
		I PREV. REPORTED		II THIS PERIOD	
		III CUMULATIVE			
A. TOTAL OUTLAYS		1,089,524.75		1,143,444.41	
B. RECIPIENT SHARE OF OUTLAYS		0.00		0.00	
C. FEDERAL SHARE OF OUTLAYS		1,089,524.75		1,143,444.41	
D. TOTAL UNLIQUIDATED OBLIGATIONS				2,847,798.67	
E. RECIPIENT SHARE OF UNLIQUIDATED OBLIGATIONS				0.00	
F. FEDERAL SHARE OF UNLIQUIDATED OBLIGATIONS				2,847,798.67	
G. TOTAL FEDERAL SHARE (SUM OF LINES C AND F)				5,080,767.83	
H. TOTAL FEDERAL FUNDS AUTHORIZED FOR THIS FUNDING PERIOD				6,596,800.00	
I. UNOBLIGATED BALANCE OF FEDERAL FUNDS (LINE H MINUS LINE G)				1,516,032.17	
11. INDIRECT EXPENSE		A. TYPE OF RATE <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> PREDETERMINED <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> FIXED			
		B. RATE 4.5%	C. BASE 137,879.05	D. TOTAL AMOUNT 6204.56	E. FEDERAL SHARE 6204.56
12. REMARKS: ATTACH ANY EXPLANATIONS DEEMED NECESSARY OR INFORMATION REQUIRED BY FEDERAL SPONSORING AGENCY IN COMPLIANCE WITH GOVERNING LEGISLATION.					
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 <b>Marilyn San Miguel, Accountant III</b>			TELEPHONE (AREA CODE, NUMBER AND EXTENSION) <b>(907)465-8577</b>		
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 			DATE REPORT SUBMITTED <b>04/21/06</b>		

ACCEPTED