



### FINANCIAL STATUS REPORT (SHORT 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 184-05		OMB APPROVAL NO. 0348-0034	PAGE OF 1 of 1
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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. BASE <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL
8. FUNDING/GRANT PERIOD FROM: (MONTH, DAY, YEAR) July 1, 2005		TO: (MONTH, DAY, YEAR) June 30, 2008		9. PERIOD COVERED BY THIS RECORD FROM: (MONTH, DAY, YEAR) April 1, 2006 TO: (MONTH, DAY, YEAR) June 30, 2006	
10. TRANSACTIONS:					
		I PREV. REPORTED	II THIS PERIOD	III CUMULATIVE	
A. TOTAL OUTLAYS		2,232,969.16	1,594,861.10	3,827,830.26	
B. RECIPIENT SHARE OF OUTLAYS		0.00	0.00	0.00	
C. FEDERAL SHARE OF OUTLAYS		2,232,969.16	1,594,861.10	3,827,830.26	
D. TOTAL UNLIQUIDATED OBLIGATIONS				1,798,120.66	
E. RECIPIENT SHARE OF UNLIQUIDATED OBLIGATIONS				0.00	
F. FEDERAL SHARE OF UNLIQUIDATED OBLIGATIONS				1,798,120.66	
G. TOTAL FEDERAL SHARE (SUM OF LINES C AND F)				5,625,950.92	
H. TOTAL FEDERAL FUNDS AUTHORIZED FOR THIS FUNDING PERIOD				6,596,800.00	
I. UNOBLIGATED BALANCE OF FEDERAL FUNDS (LINE H MINUS LINE G)				970,849.08	
11. INDIRECT EXPENSE		A. TYPE OF RATE B. RATE 4.5%		C. BASE 198,427.23	
		D. TOTAL AMOUNT 8929.23		E. FEDERAL SHARE 8929.23	
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 Marilyn San Miguel, Accountant III				TELEPHONE (AREA CODE, NUMBER AND EXTENSION) (907)465-8577	
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 				DATE REPORT SUBMITTED 07/28/06	

ACCEPTED