



## FINANCIAL STATUS REPORT

(SHOW FPKM)

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED		2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY		OMB APPROVAL NO. 0348-0044	PAGE OF
US Department of Labor - ETA		222-06			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	5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER		6. FINAL REPORT	7. BASE	
92-6001185	PR 50891 PMS # 222-06		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL	
8. FUNDING/GRANT PERIOD		9. PERIOD COVERED BY THIS RECORD			
FROM: (MONTH, DAY, YEAR)		FROM: (MONTH, DAY, YEAR)		TO: (MONTH, DAY, YEAR)	
July 1, 2006		September 30, 2008		July 1, 2006 September 30, 2006	
10. TRANSACTIONS:			I	II	III
			PREV. REPORTED	THIS PERIOD	CUMULATIVE
A. TOTAL OUTLAYS			0.00	362,252.06	362,252.06
B. RECIPIENT SHARE OF OUTLAYS			0.00	0.00	0.00
C. FEDERAL SHARE OF OUTLAYS			0.00	362,252.06	362,252.06
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)					362,252.06
H. TOTAL FEDERAL FUNDS AUTHORIZED FOR THIS FUNDING PERIOD					6,530,832.00
I. UNOBLIGATED BALANCE OF FEDERAL FUNDS (LINE H MINUS LINE G)					6,168,579.94
11. INDIRECT EXPENSE	A. TYPE OF RATE		- PROVISIONAL - PREDETERMINED - FINAL -X- FIXED		
	B. RATE	C. BASE	D. TOTAL AMOUNT		E. FEDERAL SHARE
	4.5%	46,295.01	2083.28		2083.28
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			TELEPHONE (AREA CODE, NUMBER AND EXTENSION)		
Marilyn San Miguel, Accountant III			(907)465-8577		
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL			DATE REPORT SUBMITTED		
			10/26/06		

