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DENALI COMMISSION

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 222-06	OMB APPROVAL NO. 0348-0039	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 50891 FMS # 222-06	6. FINAL REPORT __ YES X NO	7. BASE __ CASH X ACCRUAL
8. FUNDING/GRANT PERIOD FROM: (MONTH, DAY, YEAR) July 1, 2006	TO: (MONTH, DAY, YEAR) September 30, 2008	9. PERIOD COVERED BY THIS RECORD FROM: (MONTH, DAY, YEAR) October 1, 2006	TO: (MONTH, DAY, YEAR) December 31, 2006

10. TRANSACTIONS:	I PREV. REPORTED	II THIS PERIOD	III CUMULATIVE
A. TOTAL OUTLAYS	362,252.06	748,202.11	1,110,454.17
B. RECIPIENT SHARE OF OUTLAYS	0.00	0.00	0.00
C. FEDERAL SHARE OF OUTLAYS	362,252.06	748,202.11	1,110,454.17
D. TOTAL UNLIQUIDATED OBLIGATIONS			3,033,906.17
E. RECIPIENT SHARE OF UNLIQUIDATED OBLIGATIONS			0.00
F. FEDERAL SHARE OF UNLIQUIDATED OBLIGATIONS			3,033,906.17
G. TOTAL FEDERAL SHARE (SUM OF LINES C AND F)			4,144,360.34
H. TOTAL FEDERAL FUNDS AUTHORIZED FOR THIS FUNDING PERIOD			6,530,832.00
I. UNOBLIGATED BALANCE OF FEDERAL FUNDS (LINE H MINUS LINE G)			2,386,471.66

11. INDIRECT EXPENSE	A. TYPE OF RATE			
	__ PROVISIONAL	__ PREDETERMINED	__ FINAL	X FIXED
	B. RATE	C. BASE	D. TOTAL AMOUNT	E. FEDERAL SHARE
	4.5%	101,942.42	4587.41	4587.41

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 Michael Weaver, Accountant III	TELEPHONE (AREA CODE, NUMBER AND EXTENSION) (907)465-8577
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL Michael Weaver	DATE REPORT SUBMITTED 01/25/07

ACCEPTED
ENTERED