



# FINANCIAL STATUS REPORT

(AMOUNT FUNDS)

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>222-06</b>		OMB APPROVAL NO. USE-4445	PAGE <b>1</b> OF <b>1</b>	
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 50891 PMS # 222-06</b>		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) <b>July 1, 2006</b>		TO: (MONTH, DAY, YEAR) <b>September 30, 2008</b>		9. PERIOD COVERED BY THIS REPORT FROM: (MONTH, DAY, YEAR) <b>January 1, 2007</b>		
				TO: (MONTH, DAY, YEAR) <b>March 31, 2007</b>		
10. TRANSACTIONS:				I PREV. REPORTED	II THIS PERIOD	
				III CUMULATIVE		
A. TOTAL OUTLAYS				1,110,454.17	908,310.86	2,018,765.03
B. RECIPIENT SHARE OF OUTLAYS				0.00	0.00	0.00
C. FEDERAL SHARE OF OUTLAYS				1,110,454.17	908,310.86	2,018,765.03
D. TOTAL UNLIQUIDATED OBLIGATIONS						3,127,899.92
E. RECIPIENT SHARE OF UNLIQUIDATED OBLIGATIONS						0.00
F. FEDERAL SHARE OF UNLIQUIDATED OBLIGATIONS						3,127,899.92
G. TOTAL FEDERAL SHARE (SUM OF LINES C AND F)						5,146,664.95
H. TOTAL FEDERAL FUNDS AUTHORIZED FOR THIS FUNDING PERIOD						6,530,832.00
I. UNOBLIGATED BALANCE OF FEDERAL FUNDS (LINE H MINUS LINE G)						1,384,167.05
11. INDIRECT EXPENSE	A. TYPE OF RATE		PROVISIONAL <input type="checkbox"/> PRUDETERMINED <input type="checkbox"/> FINAL <input checked="" type="checkbox"/>		D. TOTAL AMOUNT	E. FEDERAL SHARE
	B. RATE	C. BASE				
	4.5%	144,722.00			6512.49	6512.49
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>Michael Weaver, Accountant III</b>				TELEPHONE (AREA CODE, NUMBER AND EXTENSION) <b>(907)465-8577</b>		
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL <i>Michael Weaver</i>				DATE REPORT SUBMITTED <b>04/26/07</b>		

