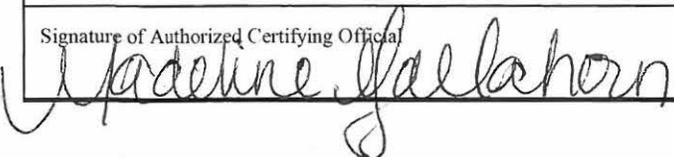


**P. L. 102-477 DEMONSTRATION PROJECT
FINAL FINANCIAL STATUS REPORT
(Follow instructions provided)**

1. Federal Agency and Organizational Element to which Report is Submitted Department of Interior		2. Federal Contract or Other Identifying Number Assigned By Federal Agency		OMB Approval No. 1076-0135	Page	Of Pages
3. Recipient Organization (Name and complete address, including ZIP code) Maniilaq Association Workforce Development Department P.O Box 256 Kotzebue, Alaska -99752-						
4. Employer Identification Number 92-0041461		5. Recipient Account Number or Identifying Number 401430		6. Final Report <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		7. Basis <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL
8. Funding Contract Period (See Instructions) From: (Month/Day/Yr) 10/01/2011		To: (Month/Day/Yr) 09/30/2014		9. Period Covered by this Report From: (Month/Day/Yr) 10/01/2013		To: (Month/Day/Yr) 09/30/2014
10. Transactions:		I Previously Reported		II This Period		III Cumulative
a. Total outlays		\$ 1,739,975.00		\$ 820,678.00		\$ 2,560,653.00
b. Recipient share of outlays		\$ 0.00		\$ 0.00		\$ 0.00
c. Federal share of outlays		\$ 1,739,975.00		\$ 820,678.00		\$ 2,560,653.00
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)						\$ 2,560,653.00
h. Total Federal funds authorized for this funding period						\$ 2,560,653.00
i. Unobligated balance of Federal funds (Line h minus line g)						
11. Indirect		a. Type of Rate (Place an X in appropriate box)				
		<input type="checkbox"/> Provisional		<input checked="" type="checkbox"/> Predetermined		<input type="checkbox"/> Final
		<input type="checkbox"/> Fixed				
Expense		b. Rate 28.5% and 5%	c. Base \$694,969.00	d. Total Amount \$125,709.00	e. Federal Share \$125,709.00	
12. Remarks: See instructions, Section 12 a. -g. for required and optional attachments. Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. \$110,313.47 Indirect @ 28.5 on Base of \$ 387,064.82 Excluding Passthru. \$15,395.22 Indirect @ 5% on Passthru Base of \$307,904.49						
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 purposes set forth in the award documents.						
Typed or Printed Name and Title Madeline Gallahorn; Workforce Development Director				Telephone (Area code, number and extension) (907) 442-7693		
Signature of Authorized Certifying Official 				Date Report Submitted 09/29/2015		