FINANCIAL STATUS REPORT

(Short Form)

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.	Page 1 of 1 Pages
USDC - NOAA			

3. Recipient Organization (Name and complete address, including ZIP code)

UNIVERSITY OF CALIFORNIA, SANTA BARBARA
EXTRAMURAL FUND ACCOUNTING
SANTA BARBARA, CALIFORNIA 93106-2040

4. Employer ID Number	5. Recipient Account No.	6. Final Report	7. Basis
		[ ] Yes [X] No	[X] Cash [ ] Accrual

8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period covered by this report From: (Month, Day, Year)	To: (Month, Day, Year)
8/1/2006	**7/31/2007**	**10/1/2006**	**3/31/2007**

10. TRANSACTIONS	I PREVIOUSLY REPORTED	II THIS PERIOD	III CUMULATIVE
a. Total outlays	**0.00**	**19,804.74**	**19,804.74**
b. Recipient share of outlays	**0.00**	**0.00**	**0.00**
c. Federal share of outlays	**0.00**	**19,804.74**	**19,804.74**
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)			**19,804.74**
h. Total Federal funds authorized for this funding period			**50,000.00**
i. Unobligated balance of Federal funds (Line h minus g)			**30,195.26**

11. INDIRECT EXPENSE	a. Type of Rate (Place "X" in appropriate box) [ ] Provisional [ ] Predetermined [X] Final [ ] Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share
	23.8%	**11,006.98**	**2,619.64**	**2,619.64**

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

outlays and unliquidated obligations are for the purposes set forth in the award documents.

Typed or Printed Name and Title	Telephone (Area code,number,and ext.)
Connie S. Feeley, Manager, Extramural Fund Mgmt.	**805- 893-4095**
Signature of Authorized Certifying Official: Connie S. Feeley	Date Report Submitted: 4-30-07

Contact: Monica Dunne, 805-893-4095

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

269A 22551 MAR 06

FEDERAL CASH TRANSACTIONS REPORT

(SEE INSTRUCTIONS ON THE BACK. IF REPORT IS FOR MORE THAN ONE GRANT OR ASSISTANCE AGREEMENT, ATTACH COMPLETED STANDARD FORM 272-A.)

Approved by Office of Management ar +

1. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

U. S. DEPARTMENT OF COMMERCE
N.O.A.A.

2. RECIPIENT ORGANIZATION

NAME UNIVERSITY OF CALIFORNIA, SANTA BARBARA

NUMBER AND STREET EXTRAMURAL FUND ACCOUNTING

CITY, STATE, AND ZIP CODE SANTA BARBARA, CALIFORNIA 93106-2040

4. FEDERAL GRANT OTHER IDENTIFICATION NUMBER	5. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER
6. LETTER OF CREDIT NUMBER	7. LAST PAYMENT VOUCHER NUMBER
0	0
Give total number for this period	
8. PAYMENT VOUCHERS CREDITED TO YOUR ACCOUNT	9. TREASURY CHECKS RECEIVED (WHETHER OR NOT DEPOSITED)
00	00

3. FEDERAL EMPLOYER IDENTIFICATION NO. ➤ 1-95-6006145

10. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)	To (month, day, year)
10/1/2006	3/31/2007

11. STATUS OF FEDERAL CASH *(SEE SPECIFIC INSTRUCTIONS ON THE BACK)*

a. Cash on hand beginning of reporting period	0.00
b. Letter of credit withdrawals	0.00
c. Treasury check payments	0.00
d. Total receipts (sum of lines b and c)	0.00
e. Total cash available (Sum of lines a and d)	0.00
f. Gross disbursements	19,804.74
g. Federal share of program income	0.00
h. Net disbursements (Lines f minus line g)	19,804.74
i. Adjustments of Prior Periods	0.00
j. Cash on hand end of the period	(19,804.74)

12. THE AMOUNT SHOWN ON LINE 11J, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING _____ *DAYS*

13. OTHER INFORMATION	
a. Interest income	0.00
b. Advances to subgrantees or subcontractors	0.00

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

Cumulative Expenditures: 19,804.74

15 **CERTIFICATION**

I certify to the best of my knowledge and belief that this report id true in all respects and that all disbursements have been made for the purpose and conditions of he grant or agreement This space for Agency use.

AUTHORIZED CERTIFYING OFFICIAL

SIGNATURE Connie S. Feeley

DATE REPORT SUBMITTED 4-30-07

TYPED OR PRINTED NAME AND TITLE CONNIE S. FEELEY, MANAGER EXTRAMURAL MGMT.

TELEPHONE 805-893-4095

272-22571