

**FINANCIAL STATUS REPORT  
(Long Form)**

*(Follow instructions on the back)*

Federal Agency and Organizational Element Which Report is Submitted <b>Shelby County Government</b>	2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>05CH3447</b>	OMB Approval No. <b>0348-0039</b>	Page of <b>1</b> / <b>1</b> pages
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Recipient Organization (Name and complete address, including ZIP code) <b>Goodwill Homes Community Services, Inc. 4590 Goodwill Rd Memphis, TN 38109</b>	P.O. Box 161282 <b>Memphis, TN 38168-1282</b>
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Employer Identification Number <b>2-0611545</b>	5. Recipient Account Number or Identifying Number <b>CA052716</b>	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
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Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>01/06</b>	To: (Month, Day, Year) <b>12/31/06</b>	9. Period Covered by this Report From: (Month, Day, Year) <b>04/01/06</b>	To: (Month, Day, Year) <b>06/30/06</b>
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Transactions:	Previously Reported	This Period	Cumulative
3. Total outlays	245,735.55	266,288.84	512,024.00
4. Refunds, rebates, etc.			
5. Program income used in accordance with the deduction alternative			
6. Net outlays (Line 3, less the sum of lines 4 and 5)	245,735.55	266,288.84	512,024.00
<b>Recipient's share of net outlays, consisting of:</b>			
a. Third party (in-kind) contributions	65,192.08	63,022.29	128,214.00
b. Other Federal awards authorized to be used to match this award			
c. Program income used in accordance with the matching or cost sharing alternative			
d. All other recipient outlays not shown on lines e, f or g			
e. Total recipient share of net outlays (Sum of lines a, f, g and h)	65,192.08	63,022.29	128,214.00
f. Federal share of net outlays (Line d less line e)	180,543.47	203,266.55	383,810.00
g. Total unliquidated obligations			
h. Recipient's share of unliquidated obligations			
i. Federal share of unliquidated obligations			
j. Total Federal share (sum of lines i and m)	180,543.47	203,266.55	383,810.00
k. Total Federal funds authorized for this funding period	717,238.00	747,998	747,998.00
l. Unobligated balance of Federal funds (Line k minus line j)			364,188.00
<b>Program income, consisting of:</b>			
m. Disbursed program income shown on lines c and/or g above			
n. Disbursed program income using the addition alternative			
o. Undisbursed program income			
p. Total program income realized (Sum of lines m, n and o)			

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	<input checked="" type="checkbox"/> Provisional	<input checked="" type="checkbox"/> Predetermined	<input type="checkbox"/> Final	<input type="checkbox"/> Fixed
	b. Rate	c. Basis	d. Total Amount	e. Federal Share

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

**ADMIN: \$19,872.37**      **Disability: \$5,131.10**

**USDA: \$20,638.22**      **T/TA: \$1,089.00**

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 <b>Frances Williams</b>	Telephone (Area code, number and extension) <b>(901) 789-1636</b>
Signature of Authorized Certifying Official <i>Frances Williams</i>	Date Report Submitted <b>07/19/2006</b>