

1. Federal Agency and Organizational Element to Which Report is Submitted NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES		2. Federal Grant or Other Identifying Number 1R15AI047801-1A2		
3. Recipient Organization (Name and complete address, including ZIP code) UNIVERSITY OF WISCONSIN-LA CROSSE 1725 STATE STREET LA CROSSE WI 54601		4. Employer Identification Number 1391805963A6		
		5. Recipient Account Number 144-04-361804		
		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period From 05/01/2002 To 01/31/2006		9. Period Covered by this Report From 05/01/2002 To 01/31/2006		
10. Transactions:		Previously Reported	This Period	Cumulative
a. Total outlays		0.00	123,870.48	123,870.48
b. Refunds, rebates, etc		0.00	0.00	0.00
c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00
d. Net outlays (Line a, less the sum of the lines b and c)		0.00	123,870.48	123,870.48
Recipient's share of net outlay, consisting of:				
e. Third Party (In-kind) contributions.		0.00	0.00	0.00
f. Other Federal awards authorized to be used to match this award.		0.00	0.00	0.00
g. Program income used in accordance with the matching or cost sharing alternative		0.00	0.00	0.00
h. All other recipient outlays not shown on lines e, f or g		0.00	0.00	0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00	0.00
j. Federal share of net outlays (line d less line i)		0.00	123,870.48	123,870.48
k. Total unliquidated obligations				0.00
l. Recipient's share of unliquidated obligations				0.00
m. Federal share of unliquidated obligations				0.00
n. Total Federal share (sum of lines j and m)				123,870.48
o. Total Federal funds authorized for this funding period				128,957.00
p. Unobligated balance of Federal funds (lines o minus line n)				5,086.52
Program Income, consisting of:				
q. Disbursed program income shown on lines c and/or g above				0.00
r. Disbursed program income using addition alternative				0.00
s. Undisbursed program income				0.00
t. Total program income realized (Sum of lines q, r and s)				0.00
11. Indirect Expense		a. Type of Rate Provisional <input type="checkbox"/> Predetermined <input checked="" type="checkbox"/> Final <input type="checkbox"/> Fixed <input type="checkbox"/>		
		b. Rate	c. Base	d. Total Amount
				e. Total Amount Federal Share 22,842.77
	39.00	58,571.20	22,842.77	
Total		39.00	58,571.20	22,842.77
12. Remarks		The final electronic draw for reimbursement of outstanding obligations will be completed in April 2006.		Carryover Request 0.00
13. Authorized Official		Name Daniel Sweetman	Telephone (Area code, number, and extension) 608-785-6800	Date Report Submitted 03/29/2006
14. Approved by		Name Tanasia Mason		Date Report Accepted 05/17/2006