

Schedule of Terminated Funding and Questioned Costs  
Fiscal Year Ended June 30, 2006

Exhibit V

Dept./Agency Number (enter here)  
Dept./Agency Name

Responsible official:

Name and title  
Phone number  
E-mail address  
FAX number

Preparer:

Name and title  
Phone number  
E-mail address  
FAX number

PLEASE ANSWER ALL QUESTIONS BELOW:

1. Have costs associated with any federal financial assistance been reported as Disallowed  
or Questioned Costs?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Were any Disallowed or Questioned Costs not repaid as of June 30, 2006?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. If YES to #1 or #2, please list separately the

program name  
contract period  
amount disallowed or questioned  
the status as of June 30, 2006 if not repaid  
the person to contact for additional information

4. Did the federal government terminate any financial assistance between July 1, 2005 and June 30, 2006?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, list separately:

the program name  
the contract number  
the amount of the termination claims or settlements receivable from or due to the federal government at  
June 30, 2006.