



FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)

1 Federal Agency and Organizational Element to Which Report is Submitted Denali Commission	2 Federal Grant or Other Identifying Number Assigned By Federal Agency #191-05	OMB Approved No. 0348-0038	Pages of pages	
3 Recipient Organization (Name and complete address) NIGHTMUTE TRADITIONAL COUNCIL P.O. BOX 90021 NIGHTMUTE, ALASKA 99690				
4 Employer Identification Number 92-0137403	5 Recipient Account Number or Identifying Number	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: (Mo., Day, Yr.) 8/1/2005	To: (Month, Day, Year) 9/30/2006	9 Period Covered by this Report From: (Month, day, Year) 10/1/2006 To: (Month, Day, Year) 12/31/2006		
10 Transaction:		I Previously Reported	II This Period	III Cumulative
a. Total Layouts		59,695.68	8,994.00	68,689.68
b. Recipient share of outlays		\$ 4,150.00	\$ -	4,150.00
c. Federal share of outlays		55,545.68	8,994.00	64,539.68
d. Total unliquidated obligations		[REDACTED]		-
e. Recipient share of unliquidated obligation		[REDACTED]		-
f. Federal share of unliquidated obligation		[REDACTED]		-
g. Total Federal share(Sum of lines c and f)		[REDACTED]		64,539.68
h. Total Federal funds authorized for this funding period		[REDACTED]		86,393.00
i. Unobligated balance of Federal funds(Line h minus g)		[REDACTED]		21,853.32
11 Indirect Expense	a. Type of Rate(Place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input checked="" type="checkbox"/> Final <input type="checkbox"/> Fixed			
b. Rate	c. Base	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. Prior Adjustment for transaction this period , January 07 expense included in this report.				
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 Joseph Post Chairmen		Telephone (Area code, number and extension) (907) 647-6215		
Signature of Authorized Certifying Official <i>Joseph Post</i>		Date Reported Submitted 2-13-07		

ACCEPTED

ENTERED