

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 208-06		OMB Approval No. 0348-0038	Page of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) PO Box 486 ROAR RECYCLING OURAREAS RESOURCES GLENN ALLEN AK 99588					
4. Employer Identification Number 92-0139175		5. Recipient Account Number or Identifying Number 1100223991		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 (See instructions) From: (Month, Day, Year) 4-15-06		To: (Month, Day, Year) 12-31-06		9. Period Covered by this Report From: (Month, Day, Year) 10-1-06	
To: (Month, Day, Year) 12-31-06					
10. Transactions:			I Previously Reported	II This Period	III Cumulative
a. Total outlays			14,000	15,685	29,685
b. Recipient share of outlays			7,000	2,685	9,685
c. Federal share of outlays			7,000	13,000	20,000
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)					20,000
h. Total Federal funds authorized for this funding period					20,000
i. Unobligated balance of Federal funds (Line h minus line g)					0.00
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 0%	c. Base \$20,000	d. Total Amount \$20,000	e. Federal Share \$20,000	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. \$13,000 WAS PAID TO NICKER YOUNG OF WILLIAM WELCH CARPENTRY AT COMPLETION OF PROJECT					
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 ELIZABETH CHRISTOUD Regional Recycling Coordinator			Telephone (Area code, number and extension) (907) 822-5608		
Signature of Authorized Certifying Official 			Date Report Submitted 12/26/2006		

ACCEPTED

ENTERED