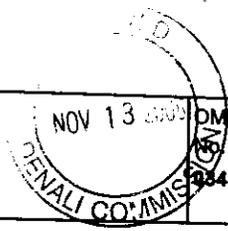


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)



1. Federal Agency and Organizational Element Which Report is Submitted Denali Commission	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 212-06	OMB Approval 4848-0038	Page of 1 / 1 pages
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3. Recipient Organization (Name and complete address, including ZIP code)
 City of Bethel
 P.O. Box 1388, Bethel AK 99559

4. Employer Identification Number 92-6001644	5. Recipient Account Number or Identifying Number 74503847	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4/28/2006 To: (Month, Day, Year) 12/1/2006	9. Period Covered by this Report From: (Month, Day, Year) 7/1/2006 To: (Month, Day, Year) 9/30/2006
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10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0.00	1,616.00	0.00
b. Recipient share of outlays	0.00	1,616.00	0.00
c. Federal share of outlays	0.00	0	0.00
d. Total unliquidated obligations			\$ 80,992
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			\$ 80,992
g. Total Federal share (Sum of lines c and f)			\$ 80,992
h. Total Federal funds authorized for this funding period			\$ 80,992
i. Unobligated balance of Federal funds (Line h minus line g)			0

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
	b. Rate NA	c. Base \$ 80,992	d. Total Amount 0	e. Federal Share 0

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

ACCEPTED

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 Laurie Walters, Finance Director	Telephone (Area code, number and extension) 907-543-1376
Signature of Authorized Certifying Official Laurie J. Walters	Date Report Submitted 11/8/06

