



# FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 215-06		OMB Approval No. 0348-0038	Page of 1 of 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) Pitka's Point Village Council P.O Box 127, Riverfront St. Mary's, AK. 99658						
4. Employer Identification Number 92-0126931		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual						
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 04/15/06 To: (Month, Day, Year) 12/31/06			9. Period Covered by this Report From: (Month, Day, Year) 10/01/06 To: (Month, Day, Year) 12/31/06			
10. Transactions:				I Previously Reported	II This Period	III Cumulative
a. Total outlays				\$80,000.00	\$53,500.00	\$133,500.00
b. Recipient share of outlays						
c. Federal share of outlays				\$80,000.00	\$53,500.00	\$133,500.00
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)						
h. Total Federal funds authorized for this funding period						\$133,500.00
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 type="checkbox"/> Final <input type="checkbox"/> Fixed				
		b. Rate 0%	c. Base \$133,500.00	d. Total Amount \$0.00	e. Federal Share \$0.00	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
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 for in the award documents.						
Typed or Printed Name and Title  Ruth Riley President			Telephone (Area code, number and extension)  (907) 438-2833 Fax 438-2569			
Signature of Authorized Certifying Official  <i>Ruth Riley</i>			Date Report Submitted  01/04/07			

NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7-97)  
Prescribed by OMB Circulars A-102 and A-11

ACCEPTED  
ENTERED