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FINANCIAL STATUS REPORT
(Long 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 254-06 (AFN Alaska Market Place)	OMB Approval No. 0348-0039	Page 1 of 1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Alaska Federation of Natives
1557 C Street, Suite 300 Anchorage, AK 99501

4. Employer Identification Number 92-0034863	5. Recipient Account Number or Identifying Number	6. Final Report ☐ Yes ☒ No	7. Basis ☐ Cash ☒ Accrual

8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/1/2006	To: (Month, Day, Year) 9/30/2007	9. Period Covered by this Report From: (Month, Day, Year) 10/1/2006	To: (Month, Day, Year) 12/31/2006

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays		53,250.16	53,250.16
b. Refunds, rebates, etc.			0.00
c. Program income used in accordance with the deduction alternative			0.00
d. Net outlays (Line a, less the sum of lines b and c)	0.00	53,250.16	53,250.16
Recipient's share of net outlays, consisting of:			
e. Third party (in-kind) contributions			0.00
f. Other Federal awards authorized to be used to match this award			0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00
h. All other recipient outlays not shown on lines e, f or g			0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)	0.00	0.00	0.00
j. Federal share of net outlays (line d less line i)	0.00	53,250.16	53,250.16
k. Total unliquidated obligations			
l. Recipient's share of unliquidated obligations			
m. Federal share of unliquidated obligations			
n. Total Federal share (sum of lines j and m)			53,250.16
o. Total Federal funds authorized for this funding period			275,000.00
p. Unobligated balance of Federal funds (Line o minus line n)			221,749.84
Program income, consisting of:			
q. Disbursed program income shown on lines c and/or g above			
r. Disbursed program income using the addition alternative			
s. Undisbursed program income			
t. Total program income realized (Sum of lines q, r and s)			0.00

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ 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.

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 Gladys C. Charles	Telephone (Area code, number and extension)
Signature of Authorized Certifying Official Gladys C. Charles	Date Report Submitted March 7, 2007 ~~February 19, 2007~~ (GC)

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Standard Form 269 (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

200-498 P.O. 139 (Face)

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