Progress Report (1)
Quarter Ending 6/30/00

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

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission 510 L Street #410 Anchorage AK 99501	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 95X1200958700095-67	OMB Approval No. 0348-0038	Page 1 of 3 pages
3. Recipient Organization (Name and complete address, including ZIP code) Alaska Humanities Forum 421 1st Avenue Suite 300 Anchorage AK 99501			
4. Employer Identification Number 92-0042123	5. Recipient Account Number or Identifying Number Project # 0008DC1999-I6	6. Final Report ☐ Yes ☒ No	7. Basis ☒ Cash ☐ Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) May 1, 2000	To: (Month, Day, Year) April 30, 2002	9. Period Covered by this Report From: (Month, Day, Year) May 1, 2000	To: (Month, Day, Year) June 30, 2000

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	Ø	10,375.70	10,375.70
b. Recipient share of outlays	Ø		
c. Federal share of outlays	Ø	10,375.70	10,375.70
d. Total unliquidated obligations	Ø		
e. Recipient share of unliquidated obligations	Ø		
f. Federal share of unliquidated obligations	Ø		
g. Total Federal share (Sum of lines c and f)	Ø	10,375.70	10,375.70
h. Total Federal funds authorized for this funding period	Ø		
i. Unobligated balance of Federal funds (Line h minus line g)	Ø		

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. see pages 2+3 for expense breakdown.

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 Mary M. Ghostley	Telephone (Area code, number and extension) 907-272-5326
Signature of Authorized Certifying Official Mary M. Ghostley	Date Report Submitted 9/19/00

NSN 7540-01-218-4387 269-202 Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

Alaska Humanities Forum
Job Detail
11/01/99 to 06/30/00

Acct	Date	Description	Doc#	J*	Income	Expense
0807 Denali Commission						
5040	06/30/00	Heather 1/1/00 - 6/30/ wages -	PR ytd 6	G		5,076.84
5040	06/30/00	Suann 1/1/00 - 6/30/00 wages -	PR ytd 6	G		3,980.48
5050	06/30/00	Post PR 1/1/00 - 6/30/ PR tax -	PR ytd 6	G		692.88
7016	06/06/00	Jane Angvik - contract svcs	2722	D		208.50
7016	06/15/00	Jane Angvik - contract svcs	2743	D		208.50
7016	06/30/00	Jane Angvik - contract svcs	2783	D		208.50
Current Income & Expense					0.00	10,375.70