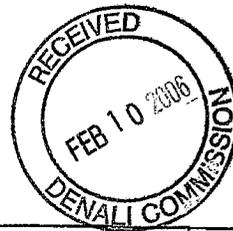


FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)



1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 201-06		OMB Approval No. 0348-0038	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) City of False Pass PO Box 50 180 Unimak Drive False Pass, AK 99583					
4. Employer Identification Number 92-0135411		5. Recipient Account Number or Identifying Number 1524735		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 11-15-2005		To: (Month, Day, Year) 9-30-2006		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year)	
10. Transactions:			I Previously Reported	II This Period	III Cumulative
a. Total outlays			0.00	0.00	0.00
b. Recipient share of outlays					0.00
c. Federal share of outlays					0.00
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)					0.00
h. Total Federal funds authorized for this funding period					
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 checked="" type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate 0.90		c. Base		d. Total Amount 74,800.00	
				e. Federal Share 63,800.00	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Denali funds not yet available this past quarter. Received \$5,000.00 in local matching funds, deposited. No other action has been taken for period ending 12-31-05.					
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 Angela Engelkes City Clerk/Treasurer				Telephone (Area code, number and extension) (907) 548-2319	
Signature of Authorized Certifying Official 				Date Report Submitted February 10, 2006	

FAX to: (907) 271-1415
Attn: Nancy Merriman