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

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page	of
Denali Commission	180-06 (AFN Center for Excellence)	0348-0039	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
Alaska Federation of Natives
1577 C Street, Suite 300, Anchorage, AK 99501

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

8. Funding/Grant Period (See instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
6/10/2006	6/9/2006	10/1/2005	12/31/2005

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	90,613.68	133,596.51	224,210.19
b. Recipient share of outlays			0.00
c. Federal share of outlays 101,119.51 @ 9/30/05	90,613.68	133,596.51	224,210.19
d. Total unliquidated obligations			0.00
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (Sum of lines c and f)			224,210.19
h. Total Federal funds authorized for this funding period			936,803.00
i. Unobligated balance of Federal funds (Line h minus line g)			712,592.81

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
	0.00	0.00	0.00	0.00

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Grant Costs - 10/1/04 - 6/30/05 = 537197
Grant Costs - 7/1/05 - 9/30/05 = 852426 } as reported to Denali Comm. Auditors

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	Telephone (Area code, number and extension)
GLADYS C. Charles VP ADMIN	907-263-9872
Signature of Authorized Certifying Official	**Date Report Submitted**
Gladys C. Charles	January 30, 2006

ACCEPTED