RECEIVED OCT 27 2006 DENALI COMMISSION

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: 214-06	OMB Approval No. 0348-0038	Page 1 of 1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
City of St. Mary's
PO Box 209
St. Mary's, AK 99658

4. Employer Identification Number: 92-0031426	5. Recipient Account Number or Identifying Number: 30064059	6. Final Report: ☑ Yes ☐ No	7. Basis: ☑ Cash ☐ Accrual
8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year) 04/15/06	To: (Month, Day, Year) 09/30/06	9. Period Covered by this Report From: (Month, Day, Year) 07/01/06	To: (Month, Day, Year) ~~10/27/06~~ 9/30/06

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	62,500.00	4,000.00	66,500.00 ~~0.00~~
b. Recipient share of outlays			0.00
c. Federal share of outlays	62,500.00	4,000.00	66,500.00 ~~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)*			66,500.00 ~~0.00~~
h. Total Federal funds authorized for this funding period			66,500.00
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)*	☐ Provisional	☑ Predetermined	☐ Final	☐ Fixed
b. Rate: 0%	c. Base: 0	d. Total Amount: 0	e. Federal Share: 0	

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: Richard Alstrom, City Manager	Telephone (Area code, number and extension): (907) 438-2515
Signature of Authorized Certifying Official: [signature]	Date Report Submitted: October 27, 2006

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

ACCEPTED

ENTERED