

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)



1. Federal Agency and Organization Element to which Report is Submitted Denali Commission	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0074-DC-2002-127	OMB Approval No. 0348-0039	Page 1 of 1	
3. Recipient Organization (Name and complete address, including ZIP code) STATE OF ALASKA, DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT DIVISION OF COMMUNITY ADVOCACY P.O. BOX 110803, JUNEAU, AK 99811-0803				
4. Employer Identification Number 92-6001185	5. Recipient Account Number or Identifying AR31550-05, AR32654-06, AR32684-07	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) 6/10/2002	To: (Month, Day, Year) 12/31/2008	9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 4/1/2006 6/30/2006		
10. Transactions:		I	II	III
		Previously Reported	This Period	Cumulative
a. Total outlays		768,183.14	12,450.64	780,633.78
b. Recipient share of outlays		204,904.17		204,904.17
c. Federal share of outlays		563,278.97	12,450.64	575,729.61
d. Total unliquidated obligations				577,656.72
e. Recipient share of unliquidated obligations				131,381.08
f. Federal share of unliquidated obligations				446,275.64
g. Total federal share (Sum of lines c and f)				1,022,005.25
h. Total Federal funds authorized for this funding period				1,200,000.00
i. Unobligated balance of Federal funds (Line h minus line g)				177,994.75
11. Indirect Expense		a. Type of Rate (Place "X" in Appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> 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: "This Period" adjustments for prior reporting errors.				
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 Debra A. Olsen, Accountant		Telephone (Area code, Number and extension) (907) 465-5444		
Signature of Authorized Certifying Official 		Date Report Submitted 7/7/2006		

Previous Editions not Usable

Standard form 269A (REV 4-88)
 Prescribed by OMB Circular A-102 and A-110

ACCEPTED