

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 0132-DC-2004-119		OMB Approval No. 0348-0038	Page of 1 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) United Way of Anchorage 701 West 8th Avenue, Suite 230 Anchorage, AK 99501					
4. Employer Identification Number 92-0027948		5. Recipient Account Number or Identifying Number 222		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) 8/1/2004		To: (Month, Day, Year) 9/30/2006		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2006 To: (Month, Day, Year) 3/31/2006	
10. Transactions:					
		I Previously Reported		II This Period	
		III Cumulative			
a. Total outlays		174,782.39		-7,961.96	
b. Recipient share of outlays		0.00		0.00	
c. Federal share of outlays		174,782.39		-7,961.96	
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)				166,820.43	
h. Total Federal funds authorized for this funding period				182,050.00	
i. Unobligated balance of Federal funds(Line h minus line g)				15,229.57	
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 checked="" type="checkbox"/> Fixed					
b. Rate 10%		c. Base 165,500		d. Total Amount \$15,165.49	
				e. Federal Share \$15,165.49	
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 Michele D. Brown, President				Telephone (Area code, number and extension) (907) 263-3820	
Signature of Authorized Certifying Official 				Date Report Submitted May 5, 2006	

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269-202

Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

ACCEPTED