

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)



1. Federal Agency and Organizational Element to which Report is Submitted <b>Denali Commission</b> 510 L St., Ste 410	2. Federal Grant or Other Identifying Number Assigned by Federal Agency 0135-DC-2004-121	OMB Approval No.	Page 1	of pages
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3. Recipient Organization (Name and complete address, including ZIP code)

**ALASKA DEPARTMENT OF PUBLIC SAFETY**  
**P.O. BOX 111200**  
**JUNEAU, AK. 99811-1200**

4. Employer Identification Number <b>92-6001185</b>	5. Recipient Account Number or Identifying Number	6. Final Report Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	7. Basis Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/>
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8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>04/09/2004</b>	To: (Month, Day, Year) <b>09/30/2006</b>	9. Period Covered by this Report From: (Month, Day, Year) <b>1/1/2006</b>	To: (Month, Day, Year) <b>3/31/2006</b>
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10. Transactions	I Previously Reported	II This Period	III Cumulative
a. Total outlays	632,937.24	27,919.50	660,856.74
b. Recipient share of outlays	//////////	//////////	//////////
c. Federal share of outlays	632,937.24	27,919.50	660,856.74
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)			660,856.74
h. Total Federal funds authorized for this funding period			882,000.00
i. Unobligated balance of Federal funds (Line h minus line g)			221,143.26

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	Provisional <input type="checkbox"/>	Predetermined <input type="checkbox"/>	Final <input type="checkbox"/>	Fixed <input type="checkbox"/>
	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.

A. Block/Formula passthrough B. Federal Funds Subgranted	PROGRAM INCOME: C. Forfeit D. Other E. Expended F. Unexpended
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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 <b>Jo Griggs, Administrative Manager - CDVSA</b>	Telephone (Area Code, Number and extension) <b>(907) 465-3161</b>
Signature of Authorized Certifying Official <i>Barbara L. Mason - CDUSA</i>	Date Report Submitted <b>4/10/06</b>

*Executive Director*

ACCEPTED

*Merrill*