

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)



1. Federal Agency and Organizational Element to which Report is Submitted Denali Commission 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
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 92-6001185		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"/>
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 04/09/2004		To: (Month, Day, Year) 09/30/2006		9. Period Covered by this Report From: (Month, Day, Year) 7/1/2006		To: (Month, Day, Year) 9/30/2006
10. Transactions				I Previously Reported	II This Period	III Cumulative
a. Total outlays				814,980.01	53,260.94	868,240.95
b. Recipient share of outlays				//////////	//////////	//////////
c. Federal share of outlays				814,980.01	53,260.94	868,240.95
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)						868,240.95
h. Total Federal funds authorized for this funding period						882,000.00
i. Unobligated balance of Federal funds (Line h minus line g)						13,759.05
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	
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 Jo Griggs, Administrative Manager - CDVSA				Telephone (Area Code, Number and extension) (907) 465-3161		
Signature of Authorized Certifying Official 				Date Report Submitted 10/20/06		

ACCEPTED