



# 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 01-41-DC-2004-I26	OMB Approval No. 0348-0038	Page of 1   1 pages
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3. Recipient Organization (Name and complete address, including ZIP code)  
 Cordova Electric Cooperative, Inc.  
 P O Box 20, Cordova AK 99574

4. Employer Identification Number 92-0069187	5. Recipient Account Number or Identifying Number Work Orders 04-39, 04-33 & 04-40	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 12-1-03	To: (Month, Day, Year) 7/31/2006	9. Period Covered by this Report From: (Month, Day, Year) 4/1/2006	To: (Month, Day, Year) 6/30/2006
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10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	403,095.76	7,037.44	410,133.20
b. Recipient share of outlays	154,595.76	7,037.44	161,633.20
c. Federal share of outlays	248,500.00	0.00	248,500.00
d. Total unliquidated obligations			43,950.98
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			43,950.98
g. Total Federal share (Sum of lines c and f)			292,450.98
h. Total Federal funds authorized for this funding period			292,450.98
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) <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.

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 Valerie J. Covell, Manager of Administration & Finance	Telephone (Area code, number and extension) 907-424-5555
Signature of Authorized Certifying Official 	Date Report Submitted July 31, 2006

ACCEPTED