

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)



Federal Agency and Organizational Element to Which Report is Submitted <p style="text-align: center;">Denali Commission</p>	2. Federal Grant or Other Identifying Number Assigned By Federal Agency <p style="text-align: center;">0143-DC-2004-I28</p>	OMB Approval No. 0348-0038 Page of 1 1 pages
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Recipient Organization (Name and complete address, including ZIP code)
 City of Seward
 PO Box 167 Seward, AK 99664-0167

Employer Identification Number <p style="text-align: center;">92-600086</p>	5. Recipient Account Number or Identifying Number 	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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Funding/Grant Period (see instructions) From: (Month, Day, Year) <p style="text-align: center;">August 1, 2004</p>	To: (Month, Day, Year) <p style="text-align: center;">December 31, 2006</p>	9. Period Covered by this Report From: (Month, Day, Year) <p style="text-align: center;">April 1, 2006</p>	To: (Month, Day, Year) <p style="text-align: center;">June 30, 2006</p>
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Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total Outlays	396,813.59	232,956.30	629,769.89
b. Recipient share of outlays	65,000.00	0.00	65,000.00
c. Federal share of outlays	331,813.59	232,956.30	564,769.89
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)			564,769.89
h. Total Federal funds authorized for this funding period			1,600,000.00
i. Unobligated balance of Federal funds (Line h minus line g)			1,035,230.11

1. 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

Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

Certification: I certify of 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.

Signed or Printed Name and Title <p style="text-align: center;">Kristin Erchinger, Finance Director</p>	Telephone (Area code, number and extension) <p style="text-align: center;">(907)224-4064</p>
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Signature of Authorized Certifying Official 	Date Report Submitted <p style="text-align: center;">7/14/06</p>
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ACCEPTED