

FINANCIAL STATUS REPORT

(Short Form)

(Follow Instructions on the back)

1. Federal Agency and Organization Element to which Report is Submitted Denali Commission	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0144-DC-2004-E2	OMB Approval No. 0348-0039	Page 1 of 1
3. Recipient Organization (Name and complete address, including ZIP code) Denali Commission 510 "L" Street, Suite #410 Anchorage, AK 99501			
4. Employer Identification Number 92-6001185	5. Recipient Account Number or Identifying AR 32685-07	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) 9/3/2004		9. Period Covered by this Report From: (Month, Day, Year) 11/05 10/1/2005 To: (Month, Day, Year) 3/31/06 12/31/2005	
10. Transactions:		I Previously Reported	II This Period
			III Cumulative
a. Total outlays		12,488.19	73,739.48
b. Recipient share of outlays		0.00	0.00
c. Federal share of outlays		12,488.19	73,739.48
d. Total unliquidated obligations			138,772.33
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			138,772.33
g. Total federal share (Sum of lines c and f)			225,000.00
h. Total Federal funds authorized for this funding period			225,000.00
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 <i>corrected reporting period.</i>			
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 Geri Henricksen, Accountant		Telephone (Area code, Number and extension) (907) 465-5445 3	
Signature of Authorized Certifying Official <i>Geri Henrick</i>		Date Report Submitted	

Previous Editions not Usable

Standard form 269A (REV 4-88)

Prescribed by OMB Circular A-102 and A-110

ACCEPTED

*PAID
5/23/06*