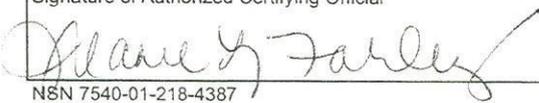


# FINANCIAL STATUS REPORT

(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  0147-DC-2004-130	OMB Approval No. 0348-0038	Page of 1   1 pages
3. Recipient Organization (Name and complete address, including ZIP code)  Mt. Sanford Tribal Consortium PO Box 357; Gakona, AK 99586			
4. Employer Identification Number 92-0143492	5. Recipient Account Number or Identifying Number	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/1/2004	To: (Month, Day, Year) 9/30/2006	9. Period Covered by this Report From: (Month, Day, Year) 4/1/2006	To: (Month, Day, Year) 6/30/2006
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	37,677.33	21,343.14	59,020.47
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	37,677.33	21,343.14	59,020.47
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)			59,020.47
h. Total Federal funds authorized for this funding period			75,000.00
i. Unobligated balance of Federal funds(Line h minus line g)			15,979.53
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed		
	b. Rate 26.9%	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  Jeanie Farley, CFO		Telephone (Area code, number and extension)  (907) 337-9192 x 105	
Signature of Authorized Certifying Official  		Date Report Submitted  July 31, 2006	

N&N 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-111

ACCEPTED

