

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 175-05	OMB Approval No. 0348-0038	Page of 1 pages
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3. Recipient Organization (Name and complete address, including ZIP code)
Takotna Tribal Council
P.O. Box 7529
Takotna, AK 99675

4. Employer Identification Number 92-0157479	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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8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 04-15-05	To: (Month, Day, Year) 09-30-06	9. Period Covered by this Report From: (Month, Day, Year) 04-01-06	To: (Month, Day, Year) 06-30-06
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10. Transactions:	I	II	III
	Previously Reported	This Period	Cumulative
a. Total outlays	80,000	0	80,500 0.00
b. Recipient share of outlays	25,000	0	25,000 0.00
c. Federal share of outlays	55,500	25,978.00	81,478 0.00
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)			81,478 0.00
h. Total Federal funds authorized for this funding period			87,500
i. Unobligated balance of Federal funds (Line h minus line g)			6,022 0.00

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	<input type="checkbox"/> Provisional	<input checked="" type="checkbox"/> Predetermined	<input type="checkbox"/> Final	<input type="checkbox"/> Fixed
	b. Rate 0%	c. Base \$87,500.00	d. Total Amount 0	e. Federal Share 0

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 Vera Lynn Goods, 1st Chief	Telephone (Area code, number and extension) (907) 298-2212
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Signature of Authorized Certifying Official Vera Lynn Goods	Date Report Submitted August 4, 2006 May 4, 2006
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ACCEPTED