

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 1 pages
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4/15/2005		9. Period Covered by this Report From: (Month, Day, Year) 7/1/2006	
		To: (Month, Day, Year) 9/30/2006	To: (Month, Day, Year) 9/30/2006
10. Transactions:			
	I Previously Reported	II This Period	III Cumulative
a. Total outlays	106,478.00	10,500.00	116,978.00
b. Recipient share of outlays	25,000.00	8,000.00	33,000.00
c. Federal share of outlays	81,478.00	2,500.00	83,978.00
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)			83,978.00
h. Total Federal funds authorized for this funding period			87,500.00
i. Unobligated balance of Federal funds (Line h minus line g)			3,522.00
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. Please note that the amount in line i, Column III, \$3,522 was returned to Denali Commission on September 5, 2006.			
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	
Signature of Authorized Certifying Official <i>Vera Lynn Goods</i>		Date Report Submitted November 2, 2006	

ACCEPTED