

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)



1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission / 95670000	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 189-05	OMB Approval No. 0348-0038	Page of 1   1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Native Village of Kiana / Kiana Traditional Council P.O. Box: 69 Kiana , Alaska 99749			
4. Employer Identification Number 92-0061730	5. Recipient Account Number or Identifying Number 0268246	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) 7/1/2005	To: (Month, Day, Year) 6/30/2006	9. Period Covered by this Report From: (Month, Day, Year) 1/1/2006	To: (Month, Day, Year) 3/30/2006
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	97,750.00	0.00	97,750.00
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	97,750.00	0.00	97,750.00
d. Total unliquidated obligations			0.00
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share(Sum of lines c and f)			97,750.00
h. Total Federal funds authorized for this funding period			100,000.00
i. Unobligated balance of Federal funds(Line h minus line g)			2,250.00
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. In-kind will be done when burnbox arrives for laborers salaries and use of heavy equipment that is needed to install the burnbox @ landfill. Burnbox estimated arrival 6/21/2006			
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 Delores Tuckfield , Executive Director		Telephone (Area code, number and extension) (907) 475-2109	
Signature of Authorized Certifying Official 		Date Report Submitted May 26, 2006	

ACCEPTED