FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page	of
Denali Commission / 95670000	189-05	0348-0038	1	1 pages

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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	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
92-0061730	0268246	☐ Yes ☑ No	☑ Cash ☐ Accrual

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
7/1/2005	6/30/2006	4/1/2006	6/30/2006

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	97,750.00	27,250.00	125,000.00
b. Recipient share of outlays		0.00	0.00
c. Federal share of outlays	97,750.00	2,250.00	100,000.00
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)*			100,000.00
h. Total Federal funds authorized for this funding period			100,000.00
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)* ☐ Provisional ☑ Predetermined ☐ Final ☐ Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share
	0.00	100,000.00	0.00	0.00

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

We will be including final in-kind on final performance report before September 30, 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	Telephone (Area code, number and extension)
Delores Tuckfield , Executive Director	(907) 475-2109
Signature of Authorized Certifying Official	**Date Report Submitted**
Delores Tuckfield	August 10, 2006

NSN 7540-01-218-4387 269-202 Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

Note: Done by Gloria Shellabarger

ACCEPTED