



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 #191-05		OMB Approval No. 0348-0038	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) Nightmute Traditional Council P.O. Box 90021 Nightmute, AK 99690					
4. Employer Identification Number 920137403		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					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 8/1/2005		To: (Month, Day, Year) 9/30/2006		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2006	
				To: (Month, Day, Year) 3/31/2006	
10. Transactions:					
		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		16,100.00	0.00	16,100.00	
b. Recipient share of outlays		1,900.00		1,900.00	
c. Federal share of outlays		14,200.00	0.00	14,200.00	
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)				14,200.00	
h. Total Federal funds authorized for this funding period				86,393.	
i. Unobligated balance of Federal funds (Line h minus line g)				72,193 -14,200.00	
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.					
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 Stanley Anthony, Vice President				Telephone (Area code, number and extension) 907 647 6215	
Signature of Authorized Certifying Official <i>Stanley Anthony</i>				Date Report Submitted May 3, 2006	

NSN 7540-01-218-4367

269-202

Standard Form 288A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-111

ACCEPTED