

# 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  193-05	OMB Approval No.  0348-0038	Page of  1   1 pages
3. Recipient Organization (Name and complete address, including ZIP code)  City and Borough of Sitka 100 Lincoln Street, Sitka, AK 99835			
4. Employer Identification Number  92-0041163	5. Recipient Account Number or Identifying Number  90541/90542	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) 8/1/2005	To: (Month, Day, Year) 6/1/2006	9. Period Covered by this Report From: (Month, Day, Year) 4/1/2006	To: (Month, Day, Year) 6/1/2006
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	31,834.80	326,938.60	358,773.40
b. Recipient share of outlays	0.00	12,773.40	12,773.40
c. Federal share of outlays	31,834.80	314,165.20	346,000.00
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)			346,000.00
h. Total Federal funds authorized for this funding period			346,000.00
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) <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  Tori Bisson, Budget Analyst (prepared by)		Telephone (Area code, number and extension)  907-747-1842	
Signature of Authorized Certifying Official  John C. Stein, Municipal Administrator		Date Report Submitted  July 10, 2006	

ACCEPTED