FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)

RECEIVED MAY 12 2006 DENALI COMMISSION

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	201-06	0348-0038	1 / 1 pages

Recipient Organization (Name and complete address, including ZIP code)
City of False Pass PO Box 50 180 Unimak Dr. False Pass, AK 99583

Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
92-0135411		☐ Yes ☑ No	☑ Cash ☐ Accrual

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)
~~11-15-05~~ 1/1/06	9-30-06	1/1/06	3/31/06

8. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0.00	0.00	0.00
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays (DC)	0.00	0.00	0.00
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)*			0.00
h. Total Federal funds authorized for this funding period			63,800.00
i. Unobligated balance of Federal funds *(Line h minus line g)*			63,800.00 ~~0.00~~

11. Indirect Expense	a. Type of Rate *(Place "X" in appropriate box)* ☐ Provisional ☒ Predetermined ☐ Final ☐ Fixed			
	b. Rate 0%	c. Base	d. Total Amount 74,800.00	e. Federal Share 63,800.00

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.* No action taken in this reporting period ending 3-31-06. First check written on April 18, 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)
Angela Engelkes City Clerk/Treas.	(907) 548-2319
Signature of Authorized Certifying Official	**Date Report Submitted**
Angela Engelkes	~~February 28, 2006~~ 5/12/2006

ACCEPTED