

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 201-06	OMB Approval No. 0348-0038	Page of pages
---	--	--------------------------------------	----------------------

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

4. Employer Identification Number 92-0135411	5. Recipient Account Number or Identifying Number 152-4735	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) 4-15-2005 To: (Month, Day, Year) 1/1/06 9-30-2006	9. Period Covered by this Report From: (Month, Day, Year) 4/1/2006 To: (Month, Day, Year) 6/30/2006
--	--

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0.00	62,800.00	63,800.00 0.00
b. Recipient share of outlays	0.00	8,800.00	8,800.00 0.00
c. Federal share of outlays	0.00	55,000.00	55,000.00 -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)			55,000.00 -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)			0.00 -0.00

11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
	b. Rate 0%	c. Base 63,800.00	d. Total Amount 0	e. Federal Share 0

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. **Denali funds paid out \$55,000.00 in may for construction of box Burn Box arrived late June into False Pass. When training completed last \$10,000.00 will be paid to Summit Consulting.**

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 Angela Engeluk City Clerk/Treasurer	Telephone (Area code, number and extension) (907) 548-2319
---	--

Signature of Authorized Certifying Official 	Date Report Submitted August 24, 2006
---	---

ACCEPTED