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

1. Federal Agency and Organization Element to which Report is Submitted **Denali Commission**	2. Federal Grant or Other Identifying Number Assigned By Federal Agency **202-06**	OMB Approval No. 0348-0039	Page 1 of 1
3. Recipient Organization (Name and complete address, including ZIP code) **STATE OF ALASKA, DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT** **DIVISION OF COMMUNITY ADVOCACY** **P.O. BOX 110803, JUNEAU, AK 99811-0803**			
4. Employer Identification Number **92-6001185**	5. Recipient Account Number or Identifying **AR 32730-09**	6. Final Report Yes No x	7. Basis ☒ Cash ☐ Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) **11/15/2005**	To: (Month, Day, Year) **12/31/2007**	9. Period Covered by this Report From: (Month, Day, Year) **7/1/2006**	To: (Month, Day, **9/30/2006**

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	**40,968.86**	**73,711.65**	**114,680.51**
b. Recipient share of outlays	**0.00**	**0.00**	**0.00**
c. Federal share of outlays	**40,968.86**	73,711.65	**114,680.51**
d. Total unliquidated obligations			**285,592.42**
e. Recipient share of unliquidated obligations			**0.00**
f. Federal share of unliquidated obligations			**285,592.42**
g. Total federal share (Sum of lines c and f)			400,272.93
h. Total Federal funds authorized for this funding period			400,000.00
i. Unobligated balance of Federal funds (Line h minus line g)			-272.93

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

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 **Lani C Saceda, Accountant**	Telephone (Area code, Number and extension) **(907) 465-4710**
Signature of Authorized Certifying Official Lani C Saceda	Date Report Submitted 11/8/2006

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Standard form 269A (REV 4-88)
Prescribed by OMB Circular A-102 and A-110

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