

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 208-06		OMB Approval No. 0348-0038	Page of 1 / 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) ROAR RECYCLING OUR AREAS RESOURCES PO Box 486 60300NALENTIF 99588					
4. Employer Identification Number 92-0139175		5. Recipient Account Number or Identifying Number 1100 223991		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) 4-15-06			9. Period Covered by this Report From: (Month, Day, Year) 4-1-06		
			To: (Month, Day, Year) 12-31-06		
			To: (Month, Day, Year) 6-30-06		
10. Transactions:					
		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		00	00	0.00	
b. Recipient share of outlays		↓	↓	0.00	
c. Federal share of outlays		↓	↓	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		↓	↓		
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 checked="" type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate 0%		c. Base \$20,000	d. Total Amount \$20,000	e. Federal Share \$20,000	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. FUNDS ACTIVATED FROM 270 FILED WITH DENALI COMMISSION. FUNDS NOT ACTIVATE AS OF 6/30/06.					
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 ELIZABETH RIETVELD REGIONAL RECYCLING COORDINATOR			Telephone (Area code, number and extension) 907.822.5600		
Signature of Authorized Certifying Official 			Date Report Submitted March 8, 2006		

ACCEPTED