RECEIVED APR 1 2 2006 DENALI COMMISSION

# FINANCIAL STATUS REPORT

*(Short Form)*

*(Follow instructions on the back)*

| | | | |
|---|---|---|---|
| ederal Agency and Organizational Element o Which Report is Submitted<br>enali Commission | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency<br>901-05 | OMB Approval No.<br>0348-0038 | Page 1 of 1 pages |

Recipient Organization (Name and complete address, including ZIP code)
niv of Alaska, Anchorage
O Box 141628
UAA Grants & Contracts
Anchorage, AK 99514-1628

| | | | |
|---|---|---|---|
| Employer Identification Number<br>2-6000147 | 5. Recipient Account Number or Identifying Number<br>G-2407-238024 | 6. Final Report ☐ Yes ☑ No | 7. Basis ☐ Cash ☑ Accrual |
| Funding/Grant Period *(See instructions)* From: (Month, Day, Year)<br>03/01/2005 | To: (Month, Day, Year)<br>03/01/2007 | 9. Period Covered by this Report From: (Month, Day, Year)<br>01/01/2006 | To: (Month, Day, Year)<br>03/31/2006 |

| ). Transactions: | I Previously Reported | II This Period | III Cumulative |
|---|---|---|---|
| a. Total outlays | $52,348.16 | $26,169.51 | $78,517.67 |
| b. Recipient share of outlays | $0.00 | $0.00 | $0.00 |
| c. Federal share of outlays | $52,348.16 | $26,169.51 | $78,517.67 |
| d. Total unliquidated obligations | | | $20,583.50 |
| e. Recipient share of unliquidated obligations | | | $0.00 |
| f. Federal share of unliquidated obligations | | | $20,583.50 |
| g. Total Federal share *(Sum of lines c and f)* | $52,348.16 | $26,169.51 | $99,101.17 |
| h. Total Federal funds authorized for this funding period | | | $120,000.00 |
| i. Unobligated balance of Federal funds *(Line h minus line g)* | -$52,348.16 | -$26,169.51 | $20,898.83 |

| 11. Indirect Expense | a. Type of Rate *(Place "X" in appropriate box)* ☐ Provisional ☑ Predetermined ☐ Final ☐ Fixed | | | |
|---|---|---|---|---|
| | b. Rate<br>18% | c. Base<br>$22,177.55 | d. Total Amount<br>$3,991.96 | e. Federal Share<br>$3,991.96 |

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<br>Shelley Chapman, UAA Grants & Contracts Supervisor | Telephone (Area code, number and extension)<br>(907) 786-1443 |
| Signature of Authorized Certifying Official<br>Shelley Chapman | Date Report Submitted |



ACCEPTED