

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 Project # 907 - 05	OMB Approval No. 0348-0038	Page of pages
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3. Recipient Organization (Name and complete address, including ZIP code)
**Alaska Association of Municipal Clerks
217 2nd Street, Suite 200, Juneau, Alaska 99801**

4. Employer Identification Number 920-10-5247	5. Recipient Account Number or Identifying Number	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 05/01/05	To: (Month, Day, Year) 1/31/2007	9. Period Covered by this Report From: (Month, Day, Year) 4/1/06	To: (Month, Day, Year) 6/30/06
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10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	11,652. ⁸⁵	6,347.15	18,000. ⁻
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	11,652. ⁸⁵	6,347.15	18,000. ⁰⁰
d. Total unliquidated obligations	0	0	0
e. Recipient share of unliquidated obligations	0	0	0
f. Federal share of unliquidated obligations	0	0	0
g. Total Federal share (Sum of lines c and f)	11,652. ⁸⁵	6,347.15	18,000. ⁰⁰
h. Total Federal funds authorized for this funding period			18,000. ⁰⁰
i. Unobligated balance of Federal funds (Line h minus line g)			0

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	<input type="checkbox"/> Provisional	<input type="checkbox"/> Predetermined	<input type="checkbox"/> Final	<input type="checkbox"/> 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 Betty-Jo Svensson, Member Services Coordinator	Telephone (Area code, number and extension) 907-586-1325
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Signature of Authorized Certifying Official Betty Jo Svensson	Date Report Submitted 7/31/06
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ACCEPTED