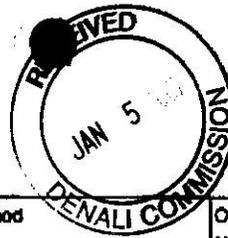


FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)



1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 213-16		OMB Approval No. 0348-0038	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) City of Gustavus, PO Box 1, Gustavus, Alaska 99826-0001					
4. Employer Identification Number 270085777		5. Recipient Account Number or Identifying Number 2		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4/15/2006		To: (Month, Day, Year) 12/31/2006		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2006	
				To: (Month, Day, Year) 12/31/2006	
10. Transactions:				I Previously Reported	II This Period
				III Cumulative	
a. Total outlays				12,359.57	20,106.43
b. Recipient share of outlays				296.00	316.00
c. Federal share of outlays				12,063.57	19,790.43
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)					31,854.00
h. Total Federal funds authorized for this funding period					31,854.00
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 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. Typo in previous (7-1-2006 to 9-30-2006) 269a form: Row 10-a, col II was \$5,671.81, it should have been \$5,617.81. Col. III total was \$12,413.57, total should have been \$12,359.57. Sorry for this error.					
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 Sandi Marchbanks, Mayor				Telephone (Area code, number and extension) 907-697-2451	
Signature of Authorized Certifying Official <i>Sandi Marchbanks, Mayor</i>				Date Report Submitted January 2, 2007	

NSN 7540-01-218-4387

289-202

Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-111

ACCEPTED

