

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 254-06 (AFN Alaska Market Place)		OMB Approval No. 0348-0038	Page of 1 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Alaska Federation of Natives 1577 C Street Ste. 300 Anchorage, AK					
4. Employer Identification Number 92-0034863		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 checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/1/2006		To: (Month, Day, Year) 9/30/2007		9. Period Covered by this Report From: (Month, Day, Year) 7/1/2006	
				To: (Month, Day, Year) 9/30/2007	
10. Transactions:				I Previously Reported	II This Period
					III Cumulative
a. Total outlays				212,446.86	62,553.14
b. Recipient share of outlays					0.00
c. Federal share of outlays				212,446.86	62,553.14
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)					275,000.00
h. Total Federal funds authorized for this funding period					275,000.00
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. Adjustments to year end 6/30/07					
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 CHRISTINA CHILDS - Acct OUTSOURCED Gladys C. Charles, Office Mgr				Telephone (Area code, number and extension) 907-258-7565 907-263-9872	
Signature of Authorized Certifying Official 				Date Report Submitted October 23, 2007	

NSN 7540-01-218-4387

ACCEPTED

Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-111

