

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 210-06		OMB Approval No. 0348-0038	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) Valley Community for Recycling Solutions (VCRS) P.O. Box 876464, Wasilla AK 99687					
4. Employer Identification Number 92-0174289		5. Recipient Account Number or Identifying Number		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) 4/15/06		To: (Month, Day, Year) 9/30/06		9. Period Covered by this Report From: (Month, Day, Year) 7/1/06	
				To: (Month, Day, Year) 9/30/06	
10. Transactions:					
		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		22,282.48	14,873.52	37,155	0.00
b. Recipient share of outlays		2,500.00	0	2,500	0.00
c. Federal share of outlays		19,782.48	14,873.52	34,655	0.00
d. Total unliquidated obligations				0	
e. Recipient share of unliquidated obligations				0	
f. Federal share of unliquidated obligations				0	
g. Total Federal share (Sum of lines c and f)				34,655	0.00
h. Total Federal funds authorized for this funding period				34,655.00	
i. Unobligated balance of Federal funds (Line h minus line g)				0	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		c. Base		d. Total Amount	
0		34,655.00		0	
e. Federal Share					
0					
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 Mollie A. Boyer, Executive Director				Telephone (Area code, number and extension) 907-745-5544	
Signature of Authorized Certifying Official Mollie A Boyer				Date Report Submitted November 29, 2006	

NSN 7540-01-218-4387

269-202

Standard Form 289A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-111

ACCEPTED

ENTERED