

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



1. Federal Agency and Organizational Element to Which Report is Submitted  <b>DENALI COMMISSION</b>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency  <b>152-05</b>	OMB Approval No. 0348-0039	Page of 1 Pages 1
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3. Recipient Organization (Name and complete address, including ZIP code)  
**Kenai Peninsula Borough, 144 North Binkley, Soldotna, AK 99669**

4. Employer Identification Number  <b>92-0030894</b>	5. Recipient Account Number or Identifying Number <b>5DCSW &amp; 6DCSW</b>	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>01/01/2005</b>	To: (Month, Day, Year) <b>03/31/2006</b>	9. Period Covered by this Report From: Month, Day, Year <b>01/01/2006</b>	To: (Month), Day, Year <b>03/31/2006</b>
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10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	156,825.27	95,876.73	252,702.00
b. Recipient share of outlays	46,537.77	0.00	46,537.77
c. Federal share of outlays	110,287.50	95,876.73	206,164.23
d. Total unliquidated obligations			0.00
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			0.00
g. Total federal share (sum of lines c and f)			206,164.23
h. Total federal funds authorized for this funding period			206,379.00
i. Unobligated balance of federal funds (Line h minus line g)			214.77

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	c. Base	d. Total Amount	e. Federal Share
	b. Rate			

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 Craig C. Chapman, Finance Director	Telephone (area code, number and extension) (907) 714-2170
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Signature of Authorized Certifying Official  	Date Report Submitted 04/10/06
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