

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 type="checkbox"/> Yes <input checked="" 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) Sept 30, 06	9. Period Covered by this Report From: (Month, Day, Year) 4/15/06	To: (Month, Day, Year) 6/30/06
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0	22,282.48	22,282.48
b. Recipient share of outlays	0	2,500.00	2,500.00
c. Federal share of outlays	0	19,782.48	19,782.48
d. Total unliquidated obligations			14,872.52
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			14,872.52
g. Total Federal share (Sum of lines c and f)			34,655.00
h. Total Federal funds authorized for this funding period			34,655.00
i. Unobligated balance of Federal funds (Line h minus line g)			0
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 0	c. Base 34,655.00	d. Total Amount 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 August 3, 2006	

ACCEPTED

