



Denali Borough Contribution to Non-Profit Quarterly Report

1. GRANT RECIPIENT NAME AND ADDRESS	2. GRANT NUMBER	3. REPORT NUMBER
5. NAME AND TITLE OF PERSON COMPLETING REPORT	4. REPORTING PERIOD <i>(Dates)</i> FROM: TO:	
6. SIGNATURE OF PERSON COMPLETING REPORT	7. DATE OF REPORT	

Use worksheet on back to calculate expense totals.

	Equipment	Training	Operations	Total
A) TOTAL GRANT AWARD AMOUNT				
B) PREVIOUSLY REPORTED EXPENDITURES				
C) EXPENDITURES PAID DIRECTLY BY THE BOROUGH THIS QUARTER				
D) TOTAL EXPENDITURES THIS QUARTER BY GRANTEE				
E) GRANT AMOUNT REMAINING [A-(B+C+D) = E]				
F) TOTAL REIMBURSEMENT REQUESTED				

8. DESCRIBE ACTIVITIES PERFORMED TOWARD COMPLETING THE GOALS OF YOUR FUNDING APPLICATION.	9. PERCENTAGE OF PROJECT COMPLETED
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10. DESCRIBE ANY PROBLEMS THAT MAY HINDER YOUR ABILITY TO COMPLETE THE GOALS LISTED ON YOUR APPLICATION.
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11. CERTIFICATION BY RECIPIENT I certify the financial expenditures submitted for reimbursement with this report, including supporting documentation, are eligible and allowable expenditures consistent with the project goals and objectives and grant guidelines, have not been previously requested, and that payment is due.	12. DATE
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