RECEIVED JUL 17 2007 DENALI COMMISSION

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 0101-DC-2003-I14 SOA-DHSS "Other Than Primary Care" Facilities	OMB Approval No. 0348-0038	Page 1 of 1 pages

3. Recipient Organization (Name and complete address, including ZIP code)

State of Alaska, Department of Health and Social Services
PO Box 110650 Juneau, AK 99811-0650

4. Employer Identification Number 1926001185	5. Recipient Account Number or Identifying Number 23885	6. Final Report ☐ Yes ☑ No	7. Basis ☑ Cash ☐ Accrual

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year) 7/1/2003	To: (Month, Day, Year) 9/30/2007	9. Period Covered by this Report From: (Month, Day, Year) 4/1/2007	To: (Month, Day, Year) 6/30/2007

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	3,420,759.90	152,885.10	3,573,645.00
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	3,420,759.90	152,885.10	3,573,645.00
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)*			3,573,645.00
h. Total Federal funds authorized for this funding period			3,580,145.60
i. Unobligated balance of Federal funds *(Line h minus line g)*			6,500.60

11. Indirect Expense				
	a. Type of Rate *(Place "X" in appropriate box)* ☑ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
	b. Rate N/A	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.*

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 Janet Clarke, Assistant Commissioner	Telephone (Area code, number and extension) (907) 465-1630
Signature of Authorized Certifying Official Janet Clarke 7/11/07	Date Report Submitted

NSN 7540-01-218-4387 269-202 Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

ACCEPTED

ENTERED