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DENALI COMMISSION

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

| | | | | |
|---|---|---|---|---|
| 1. Federal Agency and Organizational Element to which Report is Submitted<br>Denali Commission - Kake Clinic | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency<br>0126 - DC - 2004 - I13 | OMB Approval No.<br>0348 - 0038 | Page<br>1 | of<br>1 pages |

3. Recipient Organization (Name and complete address, including ZIP code)
South East Alaska Regional Health Consortium 3245 Hospital Drive Juneau, AK 99801

| | | | |
|---|---|---|---|
| 4. Employer Identification Number<br>92 - 0056274 | 5. Recipient Account Number or Identifying Number | 6. Final Report<br>[X] Yes [ ] No | 7. Basis<br>[ ] Cash [X] Accrual |
| 8. Funding/Grant Period (See instructions)<br>From: (Month, Day, Year)<br>4/1/2004 | To: (Month, Day, Year)<br>9/30/2007 | Period Covered by this Report<br>From: (Month, Day, Year)<br>10/1/2006 | To: (Month, Day, Year)<br>12/31/2006 |

| 10. Transactions: | I<br>Previously Reported | II<br>This Period | III<br>Cumulative |
|---|---|---|---|
| a. Total Outlays | 58,983.87 | 6,016.13 | 65,000.00 |
| b. Recipient Share of outlays | 0.00 | 0.00 | 0.00 |
| c. Federal Share of outlays | 58,983.87 | 6,016.13 | 65,000.00 |
| 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) | | | 65,000.00 |
| h. Total Federal funds authorized for this funding period | | | 65,000.00 |
| i. Unobligated balance of Federal funds (lines h minus g) | | | 0.00 |

| 11. Indirect Expense | a. Type of Rate (Place "X" in appropriate box) | | | |
|---|---|---|---|---|
| | [X] Provisional | [ ] Predetermined | [ ] Final | [ ] Fixed |
| | b. Rate | c. Base | d. Total Amount | e. Federal Share |
| | 6.50% | 61,032.86 | 3,967.14 | 3,967.14 |

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<br>Carolee Martin Senior Grant Accountant | Telephone (Area code, number and extension)<br>(907) 463 - 4062 |
| Signature of Authorized Certifying Official<br>Carolee Martin | Date Report Submitted<br>1/30/2007 |

NSN 7540-01-218-4387

ACCEPTED

Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

ENTERED