

SJR

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 0102-DC-2003-115		OMB Approval No. 0348-0038	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Bristol Bay Area Health Corporation, P.O. Box 130, Dillingham, AK 99576					
4. Employer Identification Number 92-0044965		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 9/1/2003		To: (Month, Day, Year) 9/30/2007		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2005	
				To: (Month, Day, Year) 12/31/2005	
10. Transactions:				I Previously Reported	II This Period
				III Cumulative	
a. Total outlays				2,113,851.59	424,087.58
b. Recipient share of outlays				1,113,851.59	424,087.58
c. Federal share of outlays				1,000,000.00	0.00
d. Total unliquidated obligations					126,068.53
e. Recipient share of unliquidated obligations					126,068.53
f. Federal share of unliquidated obligations					0.00
g. Total Federal share (Sum of lines c and f)					1,000,000.00
h. Total Federal funds authorized for this funding period					1,000,000.00
i. Unobligated balance of Federal funds (Line h minus line g)					0.00
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			
		b. Rate	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 Joan M. Ribich, Project Manager				Telephone (Area code, number and extension) 480-983-2197	
Signature of Authorized Certifying Official <i>Joan M. Ribich</i>				Date Report Submitted January 27, 2006	

NSN 7540-01-248-4387

269-202

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



ACCEPTED