

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 0100-DC-2003-I13		OMB Approval No.	Page 1 of 1 Pages								
3. Recipient Organization (Name and complete address, including ZIP code) ANTHC/DEHE, 1901 Bragaw St, Anchorage, AK 99508													
4. Employer Identification Number 92-0162721		5. Recipient Account Number of 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) 7/1/2003		To: (Month, Day, Year) 6/30/2007		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2006									
				To: (Month, Day, Year) 3/31/2006									
10. Transactions:													
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 16.6%; text-align: center;">I</td> <td style="width: 16.6%; text-align: center;">II</td> <td style="width: 16.6%; text-align: center;">III</td> </tr> <tr> <td></td> <td style="text-align: center;">Previously Reported</td> <td style="text-align: center;">This Period</td> <td style="text-align: center;">Cumulative</td> </tr> </table>							I	II	III		Previously Reported	This Period	Cumulative
	I	II	III										
	Previously Reported	This Period	Cumulative										
a. Total outlays		\$11,592,149.87		\$608,869.79									
b. Recipient share of outlays				\$0									
c. Federal share of outlays		\$11,592,149.87		\$608,869.79									
d. Total unliquidated obligations				\$0									
e. Recipient's share of unliquidated obligations				\$0									
f. Federal share of unliquidated obligations				\$0									
g. Total federal share (sum of lines c and f)				\$12,201,019.66									
h. Total federal funds authorized for this funding period				\$17,232,125.00									
i. Unobligated balance of federal funds (Line h minus line g)				\$5,031,105.34									
11. Indirect Expense													
a. Type of Rate (Place an "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" 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.													
Typical or Printed Name and Title Diane Chris, Construction Controller				Telephone (Area code, number and extension) 907-729-3580									
Signature of Authorized Certifying Official 				Date Report Submitted 4/28/2006									

ACCEPTED