



FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Federal Co-Chair of Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0024 - DC-2001-18 The Code Blue Project		OMB No. 0348-0039	Page of 1 1
3. Recipient Organization (Name and complete address, including ZIP code) STATE OF ALASKA, DEPARTMENT OF HEALTH & SOCIAL SERVICES P.O. BOX 110650 JUNEAU, AK 99811					
4. Employer Identification Number 1926001165A7		5. Recipient Account Number or Identifying Number 22120		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) To: (Month, Day, Year) 02/01/01 03/31/07			
9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 10/01/06 12/31/06		10. Transactions			
		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		917,366.30	0	917,366.30	
b. Recipient share of outlays		0	0	0	
c. Federal share of outlays		917,366.30	0	917,366.30	
d. Total unliquidated obligations				-	
e. Recipient share of unliquidated obligations				0	
f. Federal share of unliquidated obligations				-	
g. Total Federal share (Sum of lines e and f)				917,366.30	
h. Total Federal funds authorized for this funding period				924,866.00	
i. Unobligated balance of Federal funds (Line h minus line g)				7,499.70	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box)					
<input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> 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 Deb Edwards, Acting Director, Division of Public Health				Telephone (Area code, number and extension) (907) 465-3092	
Signature of Authorized Certifying Official 				Date Report Submitted JAN 2007	

Previous Editions not Usable

ACCEPTED JAN 2007

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

