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 286-07	OMB Approval No. 0348 - 0038	Page 1	of 1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
South East Alaska Regional Health Consortium, 222 Tongass Drive, Sitka, AK 99835

4. Employer Identification Number 92 - 0056274	5. Recipient Account Number or Identifying Number	6. Final Report ☐ Yes ☒ No	7. Basis ☐ Cash ☒ Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4/1/2007	To: (Month, Day, Year) 6/30/2009	Period Covered by this Report From: (Month, Day, Year) 7/1/2007	To: (Month, Day, Year) 9/30/2007

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total Outlays	0.00	358,877.04	358,877.04
b. Recipient Share of outlays	0.00	0.00	0.00
c. Federal Share of outlays	0.00	358,877.04	358,877.04
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)			358,877.04
h. Total Federal funds authorized for this funding period			3,811,243.00
i. Unobligated balance of Federal funds (lines h minus g)			3,452,365.96

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share
		0.00	0.00	0.00

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 Carolee Martin Senior Accountant	Telephone (Area code, number and extension) (907) 463 - 6628
Signature of Authorized Certifying Official Carolee Martin	Date Report Submitted 10/30/2007

ACCEPTED

NSN 7540-01-218-4387 269-202 Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

ENTERED