

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

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| 1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency 903-05 | OMB Approval No. 0348-0038 | Page of 1 1 pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) Alaska Primary Care Association, Inc 903 W. Northern Lights Blvd., Suite 200, Anchorage, AK 99503 | | | |
| 4. Employer Identification Number 92-0154822 | 5. Recipient Account Number or 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) 3/1/2005 | | 9. Period Covered by this Report From: (Month, Day, Year) 10/1/2006 | |
| | | To: (Month, Day, Year) 3/31/2007 | |
| | | To: (Month, Day, Year) 12/31/2006 | |
| 10. Transactions: | | | |
| | I Previously Reported | II This Period | III Cumulative |
| a. Total outlays | 65,413.00 | 18,600.00 | 84,013.00 |
| b. Recipient share of outlays | | | 0.00 |
| c. Federal share of outlays | 65,413.00 | 18,600.00 | 84,013.00 |
| d. Total unliquidated obligations | | | |
| e. Recipient share of unliquidated obligations | | | |
| f. Federal share of unliquidated obligations | | | |
| g. Total Federal share(Sum of lines c and f) | | | 84,013.00 |
| h. Total Federal funds authorized for this funding period | | | 115,000.00 |
| i. Unobligated balance of Federal funds(Line h minus line g) | | | 30,987.00 |
| 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 Marilyn Walsh Kasman, CEO | | Telephone (Area code, number and extension) 907-929-2725 | |
| Signature of Authorized Certifying Official  | | Date Report Submitted January 26, 2007 | |