

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which Report is Submitted Denali Commission - Kake Clinic		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0126 - DC - 2004 - I13		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 3245 Hospital Drive Juneau, AK 99801						
4. Employer Identification Number 92 - 0056274		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> es <input checked="" type="checkbox"/> fo		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 4/1/2004		To: (Month, Day, Year) 9/30/2007		Period Covered by this Report From: (Month, Day, Year) 4/1/2006		To: (Month, Day, Year) 6/30/2006
10. Transactions:						
		I	II	III		
		Previously Reported	This Period	Cumulative		
a. Total Outlays		57,662.22	1,277.99	58,940.21		
b. Recipient Share of outlays		0.00	0.00	0.00		
c. Federal Share of outlays		57,662.22	1,277.99	58,940.21		
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)				58,940.21		
h. Total Federal funds authorized for this funding period				65,000.00		
i. Unobligated balance of Federal funds (lines h minus g)				6,059.79		
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 6.50%		c. Base 55,342.92		d. Total Amount 3,597.29		e. Federal Share 3,597.29
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 Lead Grant Accountant				Telephone (Area code, number and extension) (907) 463 - 4062		
Signature of Authorized Certifying Official 				Date Report Submitted 7/31/2006		