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FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page	of
Denali Commission	0103-DC-2003-I16	0348-0038	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)

Norton Sound Health Corporation
PO Box 966 Nome, AK 99762

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
920041488		☐ Yes ☑ No	☐ Cash ☑ Accrual

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
1/1/1995	10/1/2009	10/1/2005	12/31/2005

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	843,002.00	626,659.00	1,469,661.00
b. Recipient share of outlays	120,000.00		120,000.00
c. Federal share of outlays @ 9/30/05 $65,601.00	723,002.00	626,659.00	1,349,661.00
d. Total unliquidated obligations			3,830,339.00
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			3,830,339.00
g. Total Federal share *(Sum of lines c and f)*			5,180,000.00
h. Total Federal funds authorized for this funding period			1,349,661.00
i. Unobligated balance of Federal funds *(Line h minus line g)*			-3,830,339.00

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

12. *Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.* Correction to 10C-1

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	Telephone (Area code, number and extension)
Stephen Christopher, NSHC Capital Projects Director	(907) 677-0657
Signature of Authorized Certifying Official	**Date Report Submitted**
	February 14, 2006

NSN 7540-01-218-4387 269-202 Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

ACCEPTED