

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission 510 L St., Suite 410, Anchorage, AK 99501	2. Federal Grant or Other identifying number assigned By Federal Agency 0038-DC-2001-120	OMB Approval No. 0348-0039	Page 1 of 1
3. Recipient Organization (Name and complete address, including zip code) Yukon-Kuskokwim Health Corporation PO Box 2265 Bethel, AK 99559			
4. Employer Identification Number 92-0041414	5. Recipient Account Number of 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) April 01, 2001		9. Period Covered by this Report From: (Month, Day, Year) October 01, 2005 To: (Month, Day, Year) December 31, 2005	
10. Transactions		I Previously Reported	II This Period
		III Cumulative	
a. Total Outlays		2,544.13	11,104.73
b. Recipient share of outlays			13,648.86
c. Federal share of outlays <i>12,181.37 @ 9/30/05</i>		2,544.13	11,104.73
d. Total unliquidated obligations			13,648.86
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share (Sum of lines c and f)			13,648.86
h. Total Federal funds authorized for this funding period			50,000.00
i. unobligated balance of Federal funds ((Line h minus line g)			36,351.14
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	c. Base	d. Total Amount
12. Remarks: Attach any necessary explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. <p style="font-size: 1.2em; font-weight: bold; text-align: center;">PREVIOUSLY REPORTED AGREED UPON PER AUDIT NUMBER.</p>			
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 Frieda James, Finance Administrator		Telephone (Area Code, number & extension) 907 543 6046	
Signature of Authorized Certifying Official 		Date Report Submitted January 30, 2006	



ACCEPTED

