4/7/2006 – 9:55 AM

RECEIVED JUN 15 2006 DENALI COMM'SSION

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Orgnaizational Element to Which Report Is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page	of
Federal Co-Chair of Denali Commission	0024 - DC-2001-16 The Code Blue Project	0348-0039	1	1 pages

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

STATE OF ALASKA, DEPARTMENT OF HEALTH & SOCIAL SERVICES
P.O. BOX 110650
JUNEAU, AK 99811

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
1926001185A7	22120	[] Yes [X] No	[X] 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)
02/01/01	09/30/06	01/01/06	03/31/06

10. Transactions	I Previously Reported	II This Period	III Cumulative
a. Total outlays	798,829	17,598	816,428
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	798,829	17,598	816,428
d. Total unliquidated obligations			102,535
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			102,535
g. Total Federal share (Sum of lines c and f)			918,963
h. Total Federal funds authorized for this funding period			924,866
i. Unobligated balance of Federal funds (Line h minus line g)			5,903

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

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. The $1 difference was a result of a rounding factor. The cents were not reflected in Box 10, Line 1C ($798,829.21) And IIc ($17,598.35)=$814,476 rounded cummulative total.

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)
Richard D. Mandsager, Director, Division of Public Health	(907) 465-3092
Signature of Authorized Certifying Official	**Date Report Submitted**
Deborah L. Erickson for RM	4/7/06

Previous Editions not Usable

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

ACCEPTED