

received 4/28

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.
Denali Commission				0348-0039
510 L. Street, Suite 410, Anchorage, Ak 99501		0038-DC-2001-120		
3. Recipient Organization (Name and complete address, including zip code)				
Yukon Kuskokwim Health Corporation				
P.O. Box 2265				
Bethel, Alaska 99559				
4. Employer Identification Number		5. Recipient Account Number of identifying Number		6. Final Report
92-0041414				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Funding/Grant Period (See Instructions)		9. Period Covered by this Report		
From: (Month, Day, Year)		To: (Month, Day, Year)		To: (Month, Day, Year)
4/1/2001		9/30/2006		31-Mar-06
10. Transactions		I	II	III
		Previously	This	Cumulative
		Reported	Period	
a. Total Outlays				
b. Recipient share of outlays		23,286.10	10,312.50	33,598.60
c. Federal share of outlays				
d. Total unliquidated obligations		23,286.10	10,312.50	33,598.60
e. Recipient share of unliquidated obligations				
f. Federal share of unliquidated obligations				
g. Total Federal share (Sum of lines c and f)				
h. Total Federal funds authorized for this funding period				33,598.60
i. unobligated balance of Federal funds (Line h minus line g)				50,000.00
				16,401.40
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
				e. Federal Share
12. Remarks: Attach any necessary explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.				
10C-1 The correction for prior period.				
AMENDED REPORT				
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 & extension)	
Jean Tunuchuk, Budget Analyst			(907)543-6907	
Signature of Authorized Certifying Official			Date Report Submitted	
Jean Tunuchuk			5/2/06	

ACCEPTED