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.Street,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 P.O.Box 2265 Bethel, Alaska 99559			
4. Employer Identification Number 92-0041414	5. Recipient Account Number of identifying Number	6. Final Report ☒ Yes ☐ No	7. Basis ☒ Cash ☐ Accrual
8. Funding/Grant Period *(See Instructions)* From: (Month, Day, Year) 4/1/2001	To: (Month, Day, Year) 9/30/2006	9. Period Covered by this Report From: (Month, Day, Year) 4/1/2006	To:(Month, Day,Year) 30-Jun-06

10. Transactions	I Previously Reported	II This Period	III Cumulative
a. Total Outlays	33,598.60	16,401.40	50,000.00
b. Recipient share of outlays			
c. Federal share of outlays	33,598.60	16,401.40	50,000.00
d. Total unliquidated obligations			-
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			-
g. Total Federal share *(Sum of lines c and f)*			50,000.00
h. Total Federal funds authorized for this funding period			50,000.00
i. unobligated balance of Federal funds (*(Line h minus line g)*			-

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 necessary explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.*

13. Certification: I certify to the best of by 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 Patricia I. Fitka, Finance Administrator	Telephone (Area Code, number & extension) (907)543-6046
Signature of Authorized Certifying Official Patricia Fitka	Date Report Submitted 7/11/2006

ACCEPTED