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DENALI COMMISSION

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 - ARMC Renovation	0053 - DC - 2002 - I6	0348 - 0038	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
South East Alaska Regional Health Consortium 3245 Hospital Drive Juneau, AK 99801

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
92 - 0056274		[X] Yes [ ] No	[ ] Cash [X] Accrual

8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
4/1/2002	3/31/2007	1/1/2006	3/31/2006

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total Outlays	2,887,274.96	6,244.39	2,893,519.35
b. Recipient Share of outlays	1,029,969.92	6,244.39	1,036,214.31
c. Federal Share of outlays	1,857,305.04	0.00	1,857,305.04
d. Total unliquidated obligations			0.00
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (Sum of lines c and f)			1,857,305.04
h. Total Federal funds authorized for this funding period			1,857,387.00
i. Unobligated balance of Federal funds (lines h minus g)			81.96

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
	6.50%	1,513,723.08	98,392.00	98,392.00

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

1,513,723.08	6.50%	98,392.00
168,040.72	0.00%	0
	Total	98,392.00

* Grant was budgeted for indirect of $98,392.00 all other expenditures collected no indirect.

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)
Carolee Martin	Lead Grant Accountant	(907) 463 - 4062

Signature of Authorized Certifying Official	Date Report Submitted
Carolee Martin	4/27/2006

ACCEPTED