

**FINANCIAL STATUS REPORT**  
(Short Form)  
(Follow instructions on the back)



1. Federal Agency and Organizational Element to Which Report is Submitted <b>Denali Commission</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>0059</b>		OMB Approval No. <b>0348-0038</b>	Page of <b>1</b> / <b>1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Hoonah Indian Association P.O. Box 602 Hoonah, AK 99829</b>					
4. Employer Identification Number <b>92-0060129</b>		5. Recipient Account Number or Identifying Number <b>0059-DC-2002-112</b>		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) <b>8/1/2002</b>		To: (Month, Day, Year) <b>12/31/2006</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>1/1/2006</b>	
				To: (Month, Day, Year) <b>3/31/2006</b>	
10. Transactions:					
		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		34,196.10	0.00	34,196.10	
b. Recipient share of outlays		0.00	0.00	0.00	
c. Federal share of outlays		34,196.10	0.00	34,196.10	
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)				34,196.10	
h. Total Federal funds authorized for this funding period				360,000.00	
i. Unobligated balance of Federal funds(Line h minus line g)				325,803.90	
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 explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
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 <b>Laura Gay Brewer, PA-C / Clinic Director</b>				Telephone (Area code, number and extension) <b>907-945-3235</b>	
Signature of Authorized Certifying Official 				Date Report Submitted <b>May 1, 2006</b>	

ACCEPTED