FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

RECEIVED JUL 27 2006 DENALI COMMISSION

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	0062-DC-2002-I15, Amendment 2	0348-0038	1	1 pages

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

Anchorage Neighborhood Health Center
903 W. Northern Lights Blvd., Suite 218, Anchorage, Alaska 99503

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
92-0047965		☐ Yes ☑ No	☐ 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)
4/1/2002	3/31/2007	4/1/2006	6/30/2006

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	142,927.00		142,927.00
b. Recipient share of outlays			0.00
c. Federal share of outlays	142,927.00		142,927.00
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)*			142,927.00
h. Total Federal funds authorized for this funding period			206,906.00
i. Unobligated balance of Federal funds *(Line h minus line g)*			63,979.00

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 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	Telephone (Area code, number and extension)
Joan Fisher, CEO	(907) 792-6538
Signature of Authorized Certifying Official	**Date Report Submitted**
Joan L. Fisher	July 27, 2006

NSN 7540-01-218-4387 269-202 Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

ACCEPTED