



FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0093-DC-2003-18	OMB Approval No. 	Page of 1 1 Pages
3. Recipient Organization (Name and complete address, including ZIP code) ANTHC/DEHE, 1901 Bragaw St, Anchorage, AK 99508			
4. Employer Identification Number 92-0162721	5. Recipient Account Number of Identifying Number 	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) 6/1/2003	To: (Month, Day, Year) 12/31/2006	9. Period Covered by this Report From: (Month, Day, Year) 7/1/2006	To: (Month, Day, Year) 9/30/2006
10. Transactions:			
	I	II	III
	Previously Reported	This Period	Cumulative
a. Total outlays	\$250,248.39	\$117,094.55	\$367,342.94
b. Recipient share of outlays			\$0
c. Federal share of outlays	\$250,248.39	\$117,094.55	\$367,342.94
d. Total unliquidated obligations			\$0
e. Recipient's share of unliquidated obligations			\$0
f. Federal share of unliquidated obligations			\$0
g. Total federal share (sum of lines c and f)			\$367,342.94
h. Total federal funds authorized for this funding period			\$400,000.00
i. Unobligated balance of federal funds (Line h minus line g)			\$32,657.06
11. Indirect Expense	a. Type of Rate (Place an "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" 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. <p style="text-align: center;">The reported outlays are preliminary as of 10/30/06 and will change due to fiscal year end reconciliation.</p>			
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 Diane Chris, Construction Controller		Telephone (Area code, number and extension) 907-729-3580	
Signature of Authorized Certifying Official 		Date Report Submitted 10/30/2006	

ACCEPTED