FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

RECEIVED APR 25 2008 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	0101-DC-2003-I14 SOA-DHSS "Other Than Primary Care" Facilities	0348-0038	1	1 pages

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

State of Alaska, Department of Health and Social Services
PO Box 110601 Juneau, AK 99811-0606

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
1926001185	23875	☑ 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)
7/1/2003	9/30/2007	1/1/2008	3/31/2008

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	3,573,645.00	6,500.60	3,580,145.60
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	3,573,645.00	6,500.60	3,580,145.60
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)*			3,580,145.60
h. Total Federal funds authorized for this funding period			3,580,145.60
i. Unobligated balance of Federal funds *(Line h minus line g)*			0.00

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
	N/A			

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

At the request of the Denali Commission, DHSS is resubmitting this form with no change except for this note. DHSS certifies that the numbers previously reported for this federal grant are correct.

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)
Cheryl Howdyshell, Deputy Commissioner	(907) 269-7870
Signature of Authorized Certifying Official: C Howdyshell	Date Report Submitted: 4/16/08

ACCEPTED