

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 172-05		OMB Approval No. 0348-0038	Page of 1 / 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Juneau Family Birth Center 3225 Hospital Drive #106					
4. Employer Identification Number 92-0160898		5. Recipient Account Number or 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) 3/1/2005		To: (Month, Day, Year) 3/1/2007		9. Period Covered by this Report From: (Month, Day, Year) 7/1/2006	
To: (Month, Day, Year) 9/30/2006					
10. Transactions:					
		I Previously Reported		II This Period	
		III Cumulative			
a. Total outlays		201,725.00		0.00	
b. Recipient share of outlays				0.00	
c. Federal share of outlays		201,725.00		0.00	
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)				201,725.00	
h. Total Federal funds authorized for this funding period				250,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)				48,275.00	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box)					
<input 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.					
14. Typed or Printed Name and Title Kaye Kanne, Executive Director				15. Telephone (Area code, number and extension) 907-586-1203 ext 103	
16. Signature of Authorized Certifying Official 				17. Date Report Submitted October 14, 2006	

ACCEPTED