



INTERIOR  
NEIGHBORHOOD  
HEALTH  
CLINIC

1949 Gillam Way, Suite D  
Fairbanks, Alaska 99701  
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July 2, 2002

Mr. Joel Neimeyer  
Project Officer  
Denali Commission  
510 "L" Street, Suite 410  
Anchorage, Alaska 99501

Dear Mr. Neimeyer:

Enclosed are several reports to complete the last phase of Interior Neighborhood Health Corporation's architectural and engineering design/primary care facility project No. 0034-DC-2001-116 for the period of April 1, 2001 through June 30, 2002. The reports provided are as follows:

1. Subsurface soil investigation report
2. Design Development submittal
3. National Environmental Policy Act Environmental Review report (and letter that was held to include in this quarterly report)
4. Financial status report

As predicted, and noted in last quarter's report, our costs exceeded the grant award. The overage was due to a miscalculation in our original proposal of the facility's size and scope; thereby increasing the design fees and project management costs (essential to performing the design work well). The final amount of the overage was \$116,875.00. Our understanding was that the Denali Commission would consider funding 100% of our design costs (and based on this) we respectfully request the additional money.

We are pleased to report that our architectural and engineering design is 100% complete. You should have received our final design plans (construction ready documents) earlier this month.

We look forward to continuing with our next phase (and are able to because of the continued Denali Commission support) facility construction!

Please contact me if you have any questions.

Sincerely,

Cheryl Kilgore  
Executive Director

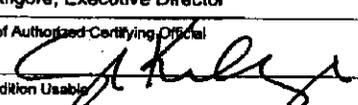
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8/13/02 CFO

**FINANCIAL STATUS REPORT**

(Long 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>0034-DC-2001-116</b>		OMB Approval No. <b>0348-0039</b>	Page of <b>1</b> / <b>1</b> pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Interior Neighborhood Health Corporation, 1949 Gilliam Way, Suite D, Fairbanks, AK 99701</b>					
4. Employer Identification Number <b>92-0147354</b>		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input 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>4/1/2001</b>		To: (Month, Day, Year) <b>3/31/2005</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>4/1/2002</b>	
To: (Month, Day, Year) <b>6/30/2002</b>					
10. Transactions:					
			I	II	III
			Previously Reported	This Period	Cumulative
a. Total outlays			233,249.18	233,625.82	466,875.00
b. Refunds, rebates, etc.			0.00	0.00	0.00
c. Program income used in accordance with the deduction alternative			0.00	0.00	0.00
d. Net outlays (Line a, less the sum of lines b and c)			233,249.18	233,625.82	466,875.00
<b>Recipient's share of net outlays, consisting of:</b>					
e. Third party (in-kind) contributions			0.00	0.00	0.00
f. Other Federal awards authorized to be used to match this award			0.00	0.00	0.00
g. Program income used in accordance with the matching or cost sharing alternative			0.00	0.00	0.00
h. All other recipient outlays not shown on lines e, f or g			0.00	116,875.00	116,875.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)			0.00	116,875.00	116,875.00
j. Federal share of net outlays (line d less line i)			233,249.18	116,750.82	350,000.00
k. Total unliquidated obligations					0.00
l. Recipient's share of unliquidated obligations					0.00
m. Federal share of unliquidated obligations					0.00
n. Total Federal share (sum of lines j and m)					350,000.00
o. Total Federal funds authorized for this funding period					350,000.00
p. Unobligated balance of Federal funds (Line o minus line n)					0.00
<b>Program Income, consisting of:</b>					
q. Disbursed program income shown on lines c and/or g above					0.00
r. Disbursed program income using the addition alternative					0.00
s. Undisbursed program income					0.00
t. Total program income realized (Sum of lines q, r and s)					0.00
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. <b>Recipient share may be reimbursed to recipient under new building grant upon approval by grantor.</b>					
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>Cheryl Kilgore, Executive Director</b>				Telephone (Area code, number and extension) <b>(907) 455-8074 x230</b>	
Signature of Authorized Certifying Official 				Date Report Submitted <b>July 29, 2002</b>	