

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 286-07		OMB Approval No. 0348 - 0038	Page 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) South East Alaska Regional Health Consortium, 222 Tongass Drive, Sitka, AK 99835					
4. Employer Identification Number 92 - 0056274		5. Recipient Account Number 26007-P0501		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 04/01/2007 To: (Month, Day, Year) 06/30/2009 Period Covered by this Report From: (Month, Day, Year) 04/01/2009 To: (Month, Day, Year) 06/30/2009			
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total Outlays		4,012,273.16	481,993.48	4,494,266.64	
b. Recipient Share of outlays		1,372,557.66	344,203.96	1,716,761.62	
c. Federal Share of outlays		2,639,715.50	137,789.52	2,777,505.02	
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 e and f)				2,777,505.02	
h. Total Federal funds authorized for this funding period				3,811,243.00	
i. Unobligated balance of Federal funds (lines h minus g)				1,033,737.98	
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 5%		c. Base 135,923.50		d. Total Amount 6,796.18	
				e. Federal Share 6,796.18	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Line 11d - This represents the quarterly indirect expense plus an adjustment within the quarter to balance indirect costs year to date.					
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 Greg Klemmetson Accountant II				Telephone (Area code, number and extension) (907) 463 - 6628	
Signature of Authorized Certifying Official 				Date Report Submitted 07/30/2009	