

**FINANCIAL STATUS REPORT**

(Long 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 0037-DC-2001-119		OMB Approval No. <b>0348-0039</b>	Page of 1   1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Southcentral Foundation 4501 Diplomacy Drive, Suite 200, Anchorage, AK 99508					
4. Employer Identification Number 92-0086076		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4/1/2001		To: (Month, Day, Year) 3/31/2005		9. Period Covered by this Report From: (Month, Day, Year) 4/1/2001 To: (Month, Day, Year) 6/30/2002	
10. Transactions:					
		I	I	III	
		Previously Reported	This Period	Cumulative	
a.	Total outlays		389,450.00	389,450.00	
b.	Refunds, rebates, etc.			0.00	
c.	Program income used in accordance with the deduction alternative			0.00	
d.	Net outlays (Line a, less the sum of lines b and c)	0.00	389,450.00	389,450.00	
<b>Recipient's share of net outlays, consisting of:</b>					
e.	Third party (in-kind) contributions			0.00	
f.	Other Federal awards authorized to be used to match this award		339,450.00	339,450.00	
g.	Program income used in accordance with the matching or cost sharing alternative			0.00	
h.	All other recipient outlays not shown on lines e, f or g			0.00	
i.	Total recipient share of net outlays (Sum of lines e, f, g and h)	0.00	339,450.00	339,450.00	
j.	Federal share of net outlays (line d less line i)	0.00	50,000.00	50,000.00	
k.	Total unliquidated obligations				
l.	Recipient's share of unliquidated obligations				
m.	Federal share of unliquidated obligations				
n.	Total Federal share (sum of lines j and m)			50,000.00	
o.	Total Federal funds authorized for this funding period			50,000.00	
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				
r.	Disbursed program income using the addition alternative				
s.	Undisbursed program income				
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 0.00	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Total Federal share is inclusive of 4% administrative cost rate multiplied by its total					
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 Gregory P. Encelewski, Finance Manager			Telephone (Area code, number and extension) (907) 729-4943		
Signature of Authorized Certifying Official <i>Gregory P. Encelewski</i>			Date Report Submitted December 4, 2003		