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 0043-DC-2001-123	OMB Approval No.	Page 1	of 1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
South East Alaska Regional Health Consortium 3245 Hospital Drive Juneau, AK 99801

4. Employer Identification Number 92 - 0056274	5. Recipient Account Number or Identifying Number	6. Final Report ☐ Yes ☒ No	7. Basis ☐ Cash ☒ Accrual

8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 4/1/2001	To: (Month, Day, Year) 3/31/2005	Period Covered by this Report From: (Month, Day, Year) 4/1/2004	To: (Month, Day, Year) 6/30/2004

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total Outlays	167,055.36	0.00	167,055.36
b. Recipient Share of outlays	37,000.00	0.00	37,000.00
c. Federal Share of outlays	130,055.36	0.00	130,055.36
d. Total unliquidated obligations			2,593.60
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			2,593.60
g. Total Federal share (Sum of lines c and f)			132,648.96
h. Total Federal funds authorized for this funding period			200,000.00
i. Unobligated balance of Federal funds (lines h minus g)			67,351.04

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
	b. Rate 6.50%	c. Base 122,117.71	d. Total Amount 7,937.65	e. Federal Share 7,937.65

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.

Typed or Printed Name and Title JoAnn Schoeppe Accountant V	Telephone (Area code, number and extension) (907) 463 - 4062
Signature of Authorized Certifying Official JoAnn Schoeppe	Date Report Submitted July 26,2004