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 0028-DC-2001-I10	OMB Approval No. 0348-0039	Page 1 of 1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
SOUTHEAST 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) 4/1/01	To: (Month, Day, Year) 3/31/05	9. Period Covered by this Report From: (Month, Day, Year) 4/1/01	To: (Month, Day, Year) 9/30/03

10. Transactions:	I Previously Reported 4/1/01-3/31/03	II This Period 4/1/03-9/30/03	III Cumulative 4/1/01-9/30/03
a. Total outlays	498,104.06	-0-	498,104.06
b. Recipient share of outlays	110,000.00	-0-	110,000.00
c. Federal share of outlays	388,104.06	-0-	388,104.06
d. Total unliquidated obligations			-0-
e. Recipient share of unliquidated obligations			-0-
f. Federal share of unliquidated obligations			-0-
g. Total Federal share (Sum of lines c and f)			388,104.06
h. Total Federal funds authorized for this funding period			390,000.00
i. Unobligated balance of Federal funds (Line h minus line g)			1,895.94

11. Indirect Expense				
a. Type of Rate (Place "X" in appropriate box)	☒ Provisional	☐ Predetermined	☐ Final	☐ Fixed
b. Rate 6.5%	c. Base 364,416.96	d. Total Amount 23,687.10	e. Federal Share 23,687.10	

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 SEPTEMBER 10,2003

Previous Editions not Usable

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110