


FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organization Element to which Report is Submitted <p style="text-align: center; font-size: 1.2em;">Denali Commission</p>	2. Federal Grant or Other Identifying Number Assigned By Federal Agency <p style="text-align: center;">0097-DC-2003-111 RUS Assst. to Rural Communities - High Eng Costs</p>	OMB Approval No. 0348-0039	Page 1 of 1
3. Recipient Organization (Name and complete address, including ZIP code) STATE OF ALASKA Alaska Energy Authority 813 West Northern Lights Blvd. Anchorage, Alaska 99503			
4. Employer Identification Number 92-6001185	5. Recipient Account Number or Identifying Number 31026	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) To: (Month, Day, Year) 6/1/2003 1/31/2008		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 7/1/2007 9/30/2007	
10. Transactions:			
	I	II	III
	Previously Reported	This Period	Cumulative
a. Total outlays	15,488,443.18	61,978.96	15,550,422.14
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	15,488,443.18	61,978.96	15,550,422.14
d. Total unliquidated obligations			68,332.43
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			68,332.43
g. Total federal share (Sum of lines c and f)			15,618,754.57
h. Total Federal funds authorized for this funding period			15,892,419.00
i. Unobligated balance of Federal funds (Line h minus line g)			273,664.43
11. Indirect Expense			
a. Type of Rate (Place "X" in Appropriate box) <input 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 			
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 Amy E. McCollum, Controller		Telephone (Area code, Number and extension) (907) 269-4629	
Signature of Authorized Certifying Official 		Date Report Submitted October 30, 2007	

Previous Editions not Usable

Standard form 269A (REV 4-88)

Prescribed by OMB Circular A-102 and A-110

