FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organization Element to which Report is Submitted **Denali Commission**	2. Federal Grant or Other Identifying Number Assigned By Federal Agency **0097-DC-2003-I11 RUS Assist. to Rural Communities - High Eng Costs**	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 ☐ Yes ☒ No	7. Basis ☒ Cash ☐ Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 6/1/2003	To: (Month, Day, Year) 1/31/2008	9. Period Covered by this Report From: (Month, Day, Year) 10/1/2007	To: (Month, Day, Year) 12/31/2007

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	15,550,422.14	14,638.66	15,565,060.80
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	15,550,422.14	14,638.66	15,565,060.80
d. Total unliquidated obligations			59,260.71
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			59,260.71
g. Total federal share (Sum of lines c and f)			15,624,321.51
h. Total Federal funds authorized for this funding period			15,892,419.00
i. Unobligated balance of Federal funds (Line h minus line g)			268,097.49

11. Indirect Expense	a. Type of Rate (Place "X" in Appropriate box)			
	☐ Provisional	☐ Predetermined	☐ Final	☐ 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) 771-3013**
Signature of Authorized Certifying Official AE McCollum ACCEPTED	Date Report Submitted January 24, 2008

Previous Editions not Usable

Standard form 269A (REV 4-88)

Prescribed by OMB Circular A-102 and A-110

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