

1. Federal Agency and Organization Element to which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0078-DC-2002-129 Power Project Fund Capitalization		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 31010		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) 6/1/2002 To: (Month, Day, Year) 4/30/2007				9. Period Covered by this Report From: (Month, Day, Year) 10/1/2003 To: (Month, Day, Year) 12/31/2003			
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				93,510.17	0.00	93,510.17	
b. Recipient share of outlays				0.00	0.00	0.00	
c. Federal share of outlays				93,510.17	0.00	93,510.17	
d. Total unliquidated obligations						0.00	
e. Recipient share of unliquidated obligations						0.00	
f. Federal share of unliquidated obligations						0.00	
g. Total federal share (Sum of lines c and f)						93,510.17	
h. Total Federal funds authorized for this funding period						3,023,333.00	
i. Unobligated balance of Federal funds (Line h minus line g)						2,929,822.83	
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, Accountant V				Telephone (Area code, Number and extension) (907) 269-4629			
Signature of Authorized Certifying Official <i>Amy E. McCollum</i>				Date Report Submitted January 30, 2004			

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