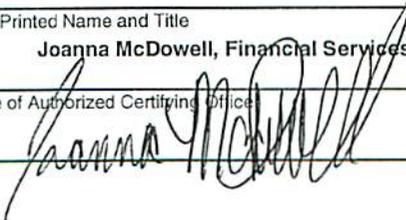


FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned by Federal Agency 312.07		OMB Approval No. 0348-0039	Page 1 of 1 Pages
3. Recipient Organization (Name and complete address, including ZIP code) State of Alaska, Department of Environmental Conservation PO Box 111800 Juneau, AK 99811-1800					
4. Employer Identification Number 92-6001185		5. Recipient Account Number Identifying Number GR49716		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 From: 7/1/2007 To: 12/30/2009			
9. Period Covered by this Report From: 10/1/2007 To: 12/31/2007					
10. Transactions					
		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		0.00	0.00	0.00	
b. Recipient share of outlays State % 0%		0.00	0.00	0.00	
c. Federal share of outlays Fed % 100%		0.00	0.00	0.00	
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				0.00	
h. Total Federal funds authorized for this funding period				2,002,490.00	
i. Unobligated balance of Federal funds				2,002,490.00	
11. a. Type of Rate (Place "x" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed					
Expense					
b. Rate		c. Base (Total PS)	d. Total Amount (Ind. Match) (total indirect)	e. Federal share	
		0.00	0.00	0.00	
		0.00	0.00	0.00	
		0.00	0.00	0.00	
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 Joanna McDowell, Financial Services Manager			Telephone (Area Code, number and extension) (907) 465-5289		
Signature of Authorized Certifying Officer 			Date Report Submitted 2/19/08		

ACCEPTED