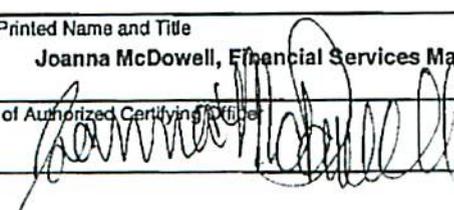


**FINANCIAL STATUS REPORT**  
(Short Form)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>Denali Commission</b>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency <b>312.07</b>		OMB Approval No. <b>0348-0039</b>	Page 1 of 1 Pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>State of Alaska, Department of Environmental Conservation PO Box 111800 Juneau, AK 99811-1800</b>					
4. Employer Identification Number <b>92-6001185</b>	5. Recipient Account Number Identifying Number <b>GR49716</b>	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 <b>7/1/2007</b>	To: (Month, Day, Year) <b>12/30/2009</b>	9. Period Covered by this Report From: (Month/Day/Year) <b>7/1/2008</b> To: (Month/Day/Year) <b>9/30/2008</b>			
10. Transactions		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		52,607.54	266,027.98	318,635.52	
b. Recipient share of outlays State % <b>0%</b>		0.00	0.00	0.00	
c. Federal share of outlays Fed % <b>100%</b>		52,607.54	266,027.98	318,635.52	
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				318,635.52	
h. Total Federal funds authorized for this funding period				2,002,490.00	
i. Unobligated balance of Federal funds				1,683,854.48	
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		n/a		
Expense	b. Rate	c. Base (Total PS)	d. Total Amount (Ind. Match) (total indirect)	e. Federal share	
	26.03% FY08 Indirect	903.19	235.10	235.10	
	15.64% FY09 Indirect	3,602.73	563.47	563.47	
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 <b>Joanna McDowell, Financial Services Manager</b>			Telephone (Area Code, number and extension) <b>(907) 465-5289</b>		
Signature of Authorized Certifying Officer 			Date Report Submitted <b>11/10/08</b>		

**ACCEPTED**