FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	OMB Approval No.	Page 1 of 1 Pages
Denali Commission	312.07	0348-0039	

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	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
92-6001185	GR49716	[ ] Yes [X] No	[X] Cash [ ] Accrual

8. Funding/Grant Period	To:(Month, Day, Year)	9. Period Covered by this Report From: (Month/Day/Year)	To: (Month/Day/Year)
7/1/2007	12/30/2009	10/1/2008	12/31/2008

10. Transactions	I Previously Reported	II This Period	III Cumulative
a. Total outlays	318,635.52	178,624.29	497,259.81
b. Recipient share of outlays State % 0%	0.00	0.00	0.00
c. Federal share of outlays Fed % 100%	318,635.52	178,624.29	497,259.81
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			497,259.81
h. Total Federal funds authorized for this funding period			2,002,490.00
i. Unobligated balance of Federal funds			1,505,230.19

11 a. Type of Rate (Place "x" in appropriate box) n/a [ ] Provisional [ ] Predetermined [ ] Final [X] Fixed

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	18,883.22	2,953.34	2,953.34

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	Telephone (Area Code, number and extension)
Joanna McDowell, Financial Services Manager	(907) 465-5289
Signature of Authorized Certifying Officer: Joanna McDowell	Date Report Submitted: 1/27/09

ACCEPTED

JA