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 **315-07 BULK FUEL CONSOLIDATION UPGRADES - FY07 TAPL**	OMB Approval No. 0348-0038	Page 1 of 1

3. Recipient Organization (Name and complete address, including ZIP code)
STATE OF ALASKA, DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT
Alaska Energy Authority
813 West Northern Lights Blvd.
Anchorage, Alaska 99503

4. Employer Identification Number 92-6001185	5. Recipient Account Number or Identifying Number 31051	6. Final Report ☐ Yes ☒ No	7. Basis ☒ Cash ☐ Accrual

8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4/1/2007	To: (Month, Day, Year) 8/31/2009	9. Period Covered by this Report From: (Month, Day, Year) 1/1/2009	To: (Month, Day, Year) 3/31/2009

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	1,762,800.22	34,584.37	1,797,384.59
b. Recipient share of outlays *(Grant does not have a match requirement)*	0.00	0.00	0.00
c. Federal share of outlays	1,762,800.22	34,584.37	1,797,384.59
d. Total unliquidated obligations			2,113,658.08
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			2,113,658.08
g. Total federal share (Sum of lines c and f)			3,911,042.67
h. Total Federal funds authorized for this funding period			3,991,328.00
i. Unobligated balance of Federal funds (Line h minus line g)			80,285.33

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

ACCEPTED

Typed or Printed Name and Title **Amy E. McCollum, Controller**	Telephone (Area code, Number and extension) **(907) 771-3013**
Signature of Authorized Certifying Official A. E. McCollum	April 29, 2009

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Standard form 269A (Rev. 7-97)

Prescribed by OMB Circular A-102 and A-110