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 **331-07 BULK FUEL CONSOLIDATION & POWER GENERATION UPGRADES - FY07**	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 **31053**	6. Final Report ☐ Yes ☒ No	7. Basis ☐ Cash ☒ Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) **6/1/2007**	To: (Month, Day, Year) **8/31/2009**	9. Period Covered by this Report From: (Month, Day, Year) **4/1/2008**	To: (Month, Day, Year) **6/30/2008**

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	758,732.54	2,548,970.46	3,307,703.00
b. Recipient share of outlays *(Grant does not have a match requirement)*	0.00	43,829.25	43,829.25
c. Federal share of outlays	758,732.54	2,505,141.21	3,263,873.75
d. Total unliquidated obligations			17,621,572.55
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			17,621,572.55
g. Total federal share (Sum of lines c and f)			20,885,446.30
h. Total Federal funds authorized for this funding period			21,485,255.00
i. Unobligated balance of Federal funds (Line h minus line g)			599,808.70

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

Reporting for 06/30/08 is on an accrual basis. However FY08 is not yet closed & expenses for 06/30/08 y/e will continue to accrue through 08/31/08.

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, Controller**	Telephone (Area code, Number and extension) **(907) 771-3013**
Signature of Authorized Certifying Official	Date Report Submitted July 28, 2008

ACCEPTED

NSN 7540-01-218-4387

Standard form 269A (Rev. 7-97)

Prescribed by OMB Circular A-102 and A-110