FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

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 of
Th Denali Commission	372-08	0348-0038	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)

The Foraker Group
161 Klevin Street, Suite 101, Anchorage, AK 99508

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
92-017787		☐ Yes ☑ No	☐ Cash ☑ Accrual

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

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	32,288.00	14,974.00	47,262.00
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	32,288.00	14,974.00	47,262.00
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share *(Sum of lines c and f)*			47,262.00
h. Total Federal funds authorized for this funding period			68,148.00
i. Unobligated balance of Federal funds *(Line h minus line g)*			20,886.00

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.**

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Raju Shankar, Chief Financial Officer	907 743-1247
Signature of Authorized Certifying Official	**Date Report Submitted**
	January 30, 2009

ACCEPTED