

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)



1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency Award #374-08		OMB Approval No. 0348-0038	Page of 1 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Univ of Alaska Anchorage UAA Grants & Contracts PO Box 141628 Anchorage AK 99514-1628					
4. Employer Identification Number 92-6000147		5. Recipient Account Number or Identifying Number G-4566-233611		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 12/14/2007		To: (Month, Day, Year) 7/31/2008		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		23,957.33	6,273.67	30,231.00	
b. Recipient share of outlays		0.00	0.00	0.00	
c. Federal share of outlays		23,957.33	6,273.67	30,231.00	
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 (Sum of lines c and f)				30,231.00	
h. Total Federal funds authorized for this funding period				30,231.00	
i. Unobligated balance of Federal funds (Line h minus line g)				0.00	
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate 34.0	c. Base 4681.85	d. Total Amount 1,591.83	e. Federal Share 1,591.83	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Quarterly SF269 through 6/30/08.					
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 Karol Weatherby, Director Grants and Contracts			Telephone (Area code, number and extension) 907-786-1569		
Signature of Authorized Certifying Official <i>Karol Weatherby</i> 7/30/08			Date Report Submitted July 30, 2008		

ACCEPTED