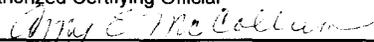


FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)

1. Federal Agency and Organization Element to which Report is Submitted <p align="center">Denali Commission</p>	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0048-DC-2002-I1 Bulk Fuel Consolidation Upgrades & Power Generation	OMB Approval No. 0348-0039	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 AR 32624/25/26 AR 32634/35 AR 32662 AR 54067 AR55119/123	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 2/1/2002 To: (Month, Day, Year) 1/31/2003		9. Period Covered by this Report From: (Month, Day, Year) 7/1/2002 To: (Month, Day, Year) 9/30/2002	
10. Transactions:			
	I Previously Reported	II This Period	III Cumulative
a. Total outlays	25,061,388.63	5,577,221.13	30,638,609.76
b. Recipient share of outlays (Grant does not have a match requirement)	0.00	0.00	0.00
c. Federal share of outlays	25,061,388.63	5,577,221.13	30,638,609.76
d. Total unliquidated obligations			11,331,886.14
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			11,331,886.14
g. Total federal share (Sum of lines c and f)			41,970,495.90
h. Total Federal funds authorized for this funding period			72,318,944.00
i. Unobligated balance of Federal funds (Line h minus line g)			30,348,448.10
11. Indirect Expense			
a. Type of Rate (Place "X" in Appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> 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 Amy E. McCollum, Accountant V		Telephone (Area code, Number and extension) (907) 269-4629	
Signature of Authorized Certifying Official 		Date Report Submitted 6/20/02	

Previous Editions not Usable

Standard form 269A (REV 4-88)
Prescribed by OMB Circular A-102 and A-110

REQUEST FOR ADVANCE OR REIMBURSEMENT Bulk Fuel Consolidation Upgrades & Power Generation		OMB APPROVAL NO. 0348-0004		Page 1 of 1
		1 TYPE OF PAYMENT REQUESTED	a. "x" one, or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "x" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED Denali Commission		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 0048-DC-2002-11		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 4
6. EMPLOYER IDENTIFICATION NUMBER 92-6001185	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER AR 32624 / 25 / 26, 32634 / 35, 32662 AR 54067, 55119 / 123	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) 7/1/2002 TO (month, day, year) 10/16/2002		
9. RECIPIENT ORGANIZATION Alaska Energy Authority 813 West Northern Lights Blvd. Anchorage, AK 99503		10. PAYEE (Where check is to be sent is different than item 9)		
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS / FUNCTIONS / ACTIVITIES	(a) BULK FUEL	(b) RPSU	(c) OTHER	TOTAL
a. Total program outlays to date (As of date) 10/16/2002	23,434,373.76	7,534,967.18	941,441.84	31,910,782.78
b. Less: Cumulative program income				
c. Net program outlays (line a minus line b)	23,434,373.76	7,534,967.18	941,441.84	31,910,782.78
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)	23,434,373.76	7,534,967.18	941,441.84	31,910,782.78
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	23,434,373.76	7,534,967.18	941,441.84	31,910,782.78
h. Federal payments previously requested	20,273,038.85	5,686,220.81	746,221.58	26,705,481.24
i. Federal share now requested (Line g minus line h)	3,161,334.91	1,848,746.37	195,220.26	5,205,301.54
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month 2nd month 3rd month			
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY				
a. Estimated Federal cash outlays that will be made during period covered by the advance				
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period				
c. Amount requested (Line a minus line b)				
13. CERTIFICATION				
I certify that to the best of my knowledge and belief the data above are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 		DATE REQUEST SUBMITTED 10/22/02	
	TYPED OR PRINTED NAME AND TITLE Amy E. McCollum Accountant V		TELEPHONE (AREA CODE, NUMBER, EXTENSION) (907) 269-4629	
This space for agency use Total on Line H includes Circuit Rider expenses of \$29,350.12, which payment was requested for via memo, off AKSAS. Per discussion with DC personnel AEA will request this amount through AEA's ASAP account once this account has been established.				

STANDARD FOR 270 (7-97)
Prescribed by OMB Circulars A-102 and A-110

Note: Request for reimbursement prepared from ASAP 10/22/02 + 10/24/02