

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 0148-DC-2005 Middle Kuskokwim Regional Energy Project	OMB Approval No. 0348-0038	Page 1 of 1
3. Recipient Organization (Name and complete address, including ZIP code) STATE OF ALASKA Alaska Energy Authority 813 West Northern Lights Blvd. Anchorage, Alaska 99503			
4. Employer Identification Number 92-6001186	5. Recipient Account Number or Identifying Number 31030	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 12/1/2004	To: (Month, Day, Year) 6/30/2007	9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 12/1/2004 6/30/2007	
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	14,350,000.00	0.00	14,350,000.00
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	14,350,000.00	0.00	14,350,000.00
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)			14,350,000.00
h. Total Federal funds authorized for this funding period			14,350,000.00
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 type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed		
b. Rate	c. Basis	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 <div style="text-align: center; opacity: 0.5; font-weight: bold; font-size: 2em;">ACCEPTED</div>			
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) 269-4629	
Signature of Authorized Certifying Official 		Date Report Submitted September 27, 2007	