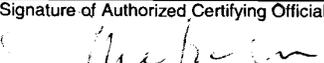


FINANCIAL STATUS REPORT

(Long 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 Community Planning and Development		OMB Approval No. 0348-004	Page of 1 1 1 Pages
3. Recipient Organization (Name and complete address, including ZIP code) First Alaskans Institute 606 E Street, Suite 200 Anchorage, AK 99501					
4. Employer Identification Number 94-3123119		5. Recipient Account Number of Identifying Number 0018-DC-1999-E4		6. Final Report [] Yes [X] No	7. Basis [] Cash [X] Accrual
8. Funding/Grant Period (See instructions) From: 1-Dec-00		To: 9/30/2004		9. Period Covered by this Report From: 10/1/2002 To: 12/31/2002 REVISED	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		823,137	147,118	\$970,255	
b. Refunds, rebates, etc.				\$0	
c. Program income used in accordance with the deduction alternative				\$0	
d. Net outlays (Line a, less the sum of lines b and c)		823,137	147,118	970,255	
Recipient's share of net outlays consisting of:					
e. Third party (in kind) contributions				\$0	
f. Other Federal awards authorized to be used to match this award				\$0	
g. Program income used in accordance with the matching or sharing alternative				\$0	
h. All other recipient outlays not shown on lines e, f or g				\$0	
i. Total recipient share of net outlays (sum of lines e, f, g and h)		0	0	\$0	
j. Federal share of net outlays (line d less line i)		823,137	147,118	\$970,255	
k. Total unliquidated obligations				\$0	
l. Recipient's share of unliquidated obligations				\$0	
m. Federal share of unliquidated obligations				\$0	
n. Total federal share (sum of lines j and m)				\$970,255	
o. Total federal funds authorized for this funding period				\$1,262,000	
p. Unobligated balance of federal funds (Line o minus line n)				\$291,745	
Program Income, consisting of:					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. Total program income realized (Sum of lines q,r and s)					
11. Indirect Expense	a. Type of Rate (Place an "X" in appropriate box) [] Provisional [X] Predetermined [] Final [] Fixed				
	b. Rate 9.00%	c. Base 75,000.00	d. Total Amount 3,324.32	e. Federal Share 3,324.32	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and Certification: unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Jason Metrokin, Vice President			Telephone (Area code, number and extension) (907)677-1705		
Signature of Authorized Certifying Official 			Date Report Submitted Revised 4-25-03		