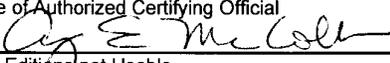


FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)

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 0078-DC-2002-129 Power Project Fund Capitalization	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 31010	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) To: (Month, Day, Year) 6/1/2002 4/30/2007		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) 1/1/2003 3/31/2003		
10. Transactions:		I Previously Reported	II This Period	III Cumulative
a. Total outlays		80,636.29	0.00	80,636.29
b. Recipient share of outlays		0.00	0.00	0.00
c. Federal share of outlays		80,636.29	0.00	80,636.29
d. Total unliquidated obligations				2,942,696.71
e. Recipient share of unliquidated obligations				0.00
f. Federal share of unliquidated obligations				2,942,696.71
g. Total federal share (Sum of lines c and f)				3,023,333.00
h. Total Federal funds authorized for this funding period				3,023,333.00
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. 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 April 30, 2003	

Previous Editions not Usable

Standard form 269A (REV 4-88)

Prescribed by OMB Circular A-102 and A-110