

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 0078-DC-2002-429 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period From: (Month, Day, Year) 6/1/2002			To: (Month, Day, Year) 4/30/2007		
			9. Period covered by this Report From: (Month, Day, Year) 4/1/2007		
			To: (Month, Day, Year) 6/30/2007		
10. Transactions:				I	II
				Previously Reported	This Period
				III	Cumulative
a. Total outlays				2,060,891.19	2,668.60
b. Recipient share of outlays				0.00	0.00
c. Federal share of outlays				2,060,891.19	2,668.60
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)					2,063,559.79
h. Total Federal funds authorized for this funding period					2,114,233.00
i. Unobligated balance of Federal funds (Line h minus line g)					50,673.21
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 PLEASE NOTE THAT THIS IS OUR FINAL FINANCIAL REPORT FOR THIS AGREEMENT.					
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 July 27, 2007		

ACCEPTED