

# FINANCIAL STATUS REPORT

(Short 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 294-07	OMB Approval No. 0348-0038	Page of 1   1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Cold Climate Housing Research Center 1000 Fairbanks Street P.O. Box 82489 Fairbanks, AK 99708			
4. Employer Identification Number 51-0544785	5. Recipient Account Number or Identifying Number 608773003	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 9/1/2007	To: (Month, Day, Year) 12/31/2007	9. Period Covered by this Report From: (Month, Day, Year) 10/1/2007	To: (Month, Day, Year) 12/31/2007
10. Transactions:			
	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0.00	5,000.00	5,000.00
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	0.00	5,000.00	5,000.00
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)			5,000.00
h. Total Federal funds authorized for this funding period			5,000.00
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. 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 Marie Duncan, Financial Administrator		Telephone (Area code, number and extension) (907) 457-3454 ext. 63	
Signature of Authorized Certifying Official JACK WEBERT PRES/CEO		Date Report Submitted January 28, 2008	