

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

1. Federal Agency and Organization Element to which Report is Submitted Denali Commission	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0011-DC-2000-E1	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 DIVISION OF COMMUNITY & BUSINESS DEVELOPMENT P.O. BOX 110803, JUNEAU, AK 99811-0803			
4. Employer Identification Number 92-6001185	5. Recipient Account Number or Identifying AR 32622-05, AR 29774-01, and AR 29774-02	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) 7/1/2000	To: (Month, Day, Year) 6/30/2002	9. Period Covered by this Report From: (Month, Day, Year) 7/1/2001 To: (Month, Day, Year) 9/30/2001	
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	62,779.68	112,242.50	175,022.18
b. Recipient share of outlays	18,136.89	23,176.68	41,313.57
c. Federal share of outlays	44,642.79	89,065.82	133,708.61
d. Total unliquidated obligations			295,856.86
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			295,856.86
g. Total federal share (Sum of lines c and f)			429,565.47
h. Total Federal funds authorized for this funding period			500,000.00
i. Unobligated balance of Federal funds (Line h minus line g)			70,434.53
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 Jennifer Hamilton		Telephone (Area code, Number and extension) (907) 465-5444	
Signature of Authorized Certifying Official <i>Jennifer Hamilton</i>		Date Report Submitted 10/02/01	

Previous Editions not Usable

Standard form 269A (REV 4-88)

Prescribed by OMB Circular A-102 and A-110