

**P. L. 102-477 DEMONSTRATION PROJECT
FINAL FINANCIAL STATUS REPORT
(Follow instructions provided)**

1. Federal Agency and Organizational Element to which Report is Submitted DOI/AS-IA/OIEED/DWD	2. Federal Contract or Other Identifying Number Assigned By Federal Agency OSGT812	OMB Approval No. 1076-0135	Page 1	Of 1 Pages
3. Recipient Organization (Name and complete address, including ZIP code) The Association of Village Council Presidents P.O. Box 219 Bethel, Alaska 99559				
4. Employer Identification Number 90-0064285	5. Recipient Account Number or Identifying Number 27.14	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 Contract Period (See Instructions) From: (Month/Day/Yr) 01/01/2012	To: (Month/Day/Yr) 12/31/2014	9. Period Covered by this Report From: (Month/Day/Yr) 01/01/2014	To: (Month/Day/Yr) 12/31/2014	
10. Transactions:	I Previously Reported	II This Period	III Cumulative	
a. Total outlays	7,674,848.95	2,472,748.05	10,147,597.00	
b. Recipient share of outlays	0	0	0	
c. Federal share of outlays	7,674,848.95	2,472,748.05	10,147,597.00	
d. Total unliquidated obligations			0	
e. Recipient share of unliquidated obligations			0	
f. Federal share of unliquidated obligations			0	
g. Total Federal share (Sum of lines c and f)			10,147,597.00	
h. Total Federal funds authorized for this funding period			9,582,954.00	
i. Unobligated balance of Federal funds (Line h minus line g)			-561,643.00	
11. Indirect	a. Type of Rate (Place an X in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
Expense	b. Rate : 22.82%	c. Base : \$8,037,860.00	d. Total Amount : \$183,429,965.20	e. Federal Share \$183,429,965.20
12. Remarks: See instructions, Section 12 a. -g. for required and optional attachments. Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Unobligated balance is negative because we used prior year deferred revenue.				
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 Alexandra Werba, Chief Finance Officer			Telephone (Area code, number and extension) 907-543-7300	
Signature of Authorized Certifying Official 			Date Report Submitted 06/29/2015	