

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted OJEEED/DIVISION of Workforce Development 1951 Constitution Ave., NW Washington, DC 20245	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <p align="center">A12AV00513</p>	Page 1 of 1 pages
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BLACKFFEET TRIBE P.O.BOX 850 BROWNING, MT. 59417

4a. DUNS Number 172612756	4b. EIN 810212955	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) Fund#: 5641, 5642, 5643	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Project/Grant Period (Month, Day, Year) From: 10/01/2013 To: 09/30/2014			9. Reporting Period End Date (Month, Day, Year) 09/30/2014	
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i>			Cumulative	

Federal Cash (To report multiple grants, also use FFR Attachment):

a. Cash Receipts	\$831,575.30
b. Cash Disbursements	\$831,575.30
c. Cash on Hand (line a minus b)	\$0.00

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$831,575.30
e. Federal share of expenditures	\$770,155.90
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$770,155.90
h. Unobligated balance of Federal funds (line d minus g)	\$61,419.40

Recipient Share:

i. Total recipient share required	\$0.00
j. Recipient share of expenditures	\$0.00
k. Remaining recipient share to be provided (line i minus j)	\$0.00

Program Income:

l. Total Federal program income earned	\$0.00
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$0.00
o. Unexpended program income (line l minus line m or line n)	\$0.00

11.	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount	f. Federal Share
Indirect Expense							
g. Totals:							

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official <p align="center">Melissa Augare, Compliance Specialist</p>	c. Telephone (Area code, number, and ext.) (406) 338-7342 ext. 2359
b. Signature of Authorized Certifying Official 	d. Email Address eija00@yahoo.com
e. Date Report Submitted (Month, Day, Year) 01/16/2015	14. Agency use only

Standard Form 425 - Revised 6/28/2010
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Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.