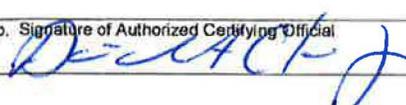


**Public Law 102-477
FEDERAL FINANCIAL REPORT**

(Follow form instructions)

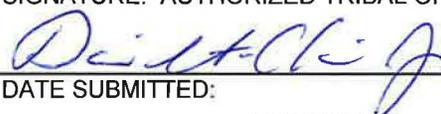
1. Federal Agency and Organizational Element to Which Report is Submitted U.S. Department of the Interior Bureau of Indian Affairs		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) A13AV00174		Page 1	of 1 pages		
3. Recipient Organization (Name and complete address including Zip code) Eastern Shoshone Tribe, P.O. Box 538, Fort Washakie, WY 82514							
4a. DUNS Number 196600027	4b. EIN 83-0261946	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 2300/2305		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
8. Project/Grant Period From: (Month, Day, Year) 10/01/2012			To: (Month, Day, Year) 09/30/2015		9. Reporting Period End Date (Month, Day, Year) 09/30/2014		
10. Transactions				Cumulative			
<i>(Use lines a-c for single or multiple grant reporting)</i>							
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts				4,547,426.30			
b. Cash Disbursements				4,129,364.43			
c. Cash on Hand (line a minus b)				418,061.87			
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized				4,547,426.30			
e. Federal share of expenditures				4,129,364.43			
f. Federal share of unliquidated obligations				0.00			
g. Total Federal share (sum of lines e and f)				4,129,364.43			
h. Unobligated balance of Federal funds (line d minus g)				418,061.87			
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. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Fixed	20.00%	10/01/2013	09/30/2014	868,404.70	176,707.36	176,707.36
g. Totals:					868,404.70	176,707.36	176,707.36
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 that it is true, complete, and accurate to the best of my knowledge. 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 Darwin St. Clair Jr., Chairman			c. Telephone (Area code, number and extension) (307) 332-3532				
			d. Email address darwin.stclair@e-shoshone.com				
b. Signature of Authorized Certifying Official 			e. Date Report Submitted (Month, Day, Year) 02/13/2015				

Standard Form 425
OMB Approval Number: 01076-0135
Expiration Date: 12/31/2013

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 this 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 (0348-0060), Washington, DC 20503.

Tribal Temporary Assistance for Needy Families (TANF) ACF - 102-477 Financial Report 12g

TRIBE NAME EASTERN SHOSHONE TRIBE	FISCAL YEAR 2014	FISCAL YEAR ENDING DATE 9/30/2014	Employer ID Number (EIN) 83-0261946
GRANT DOCUMENT NUMBER (BIA) A13AV00174			
REPORTING ITEMS	(A) FEDERAL TFAG FUNDS	(B) TRIBAL FUNDS [OPTIONAL]*	(C) STATE CONTRIBUTED MOE FUNDS [OPTIONAL]
1. TOTAL AWARDED	\$ 1,640,458.00	\$	\$
2. CASH ASSISTANCE	\$ 540,065.00	\$	\$
3. OTHER ASSISTANCE EXPENDITURES	\$ 200,093.70	\$	\$
4. TOTAL NON-ASSISTANCE EXPENDITURES	\$ 48,462.31	\$	\$
5. ADMINISTRATION	\$ 390,181.09	\$	\$
6. SYSTEMS	\$ 62,770.64	\$	\$
7. OTHER EXPENDITURES	\$ 467,525.31	\$	\$
8. TRIBAL REPLACEMENT FUNDS		\$	
9. FEDERAL UNLIQUIDATED OBLIGATIONS	\$ (68,640.05)		
THIS IS TO CERTIFY THAT THE INFORMATION REPORTED ON ALL PARTS OF THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE			
SIGNATURE: AUTHORIZED TRIBAL OFFICIAL 	SUBMITTAL: [X] NEW [] REVISED	TYPED NAME, TITLE, AGENCY NAME Darwin St.Clair Jr., Chairman Shoshone Business Council	
DATE SUBMITTED: 2/13/2015			
*Tribe must fill in Column (b) if it is subject to a penalty and corresponding reduction in its Tribal Family Assistance Grant (TFAG).			
Data for lines 10 to 12 will be completed by the Federal Awarding Agency			
REPORTING ITEMS	(A) FEDERAL TFAG FUNDS	(B) TRIBAL FUNDS [OPTIONAL]*	(C) STATE CONTRIBUTED MOE FUNDS [OPTIONAL]
10. TOTAL EXPENDITURES ON ASSISTANCE	\$	\$	\$
11. TOTAL EXPENDITURES	\$	\$	\$
12. FEDERAL UNOBLIGATED BALANCES	\$		



Optional



No Response Necessary

**EASTERN SHOSHONE TRIBE
INDIRECT COST REDUCTION/WAIVER REQUEST FORM**
This worksheet will help to describe the impact of the requested waiver.

Questions? Contact the Shoshone Finance Office, Grants Comptroller

Grantor Agency/Sponsor: Department of the Interior - Bureau of Indian Affairs

Project/Type of Activity: P.L. 102-477 Programs

TYPES: Project name, organized research, training grant, academic instruction, clinical trial, other sponsored activity

Has the indirect cost rate been capped by the sponsor? Y/N No

Has the award amount been capped by the sponsor? Y/N Yes

If yes to either question, attach documentation from the sponsor (guidelines, correspondence, etc).

Award	Without Waiver*	With Waiver	Waiver Amt
Personnel	539,639	539,639	
(% Staff effort, if any)	100%		
Information Systems	62,771	62,771	
Capital Outlays	19,768	19,768	
Travel	29,825	29,825	
Supplies/Other	38,791	38,791	
Contractual	36,143	36,143	
Direct Services	1,509,218	1,509,218	
Direct Cost Subtotal	2,236,153	2,236,153	
Indirect (after exclusions)	205,736	134,205	20.00%
Total	2,441,890	2,370,358	\$71,531

Completion of this worksheet assists you, your department and the Tribe in determining the financial implications of this waiver request.

*Indirect Cost Rate without waiver is the Tribe's approved rate for the type of activity.

Current indirect cost rates are at the Grants & Contracts Office, 15 North Fork Road, Fort Washakie, WY; Tribal Complex Room 218

The indirect cost waiver policy notes specific areas that should be addressed. Please refer to the policy for additional information.

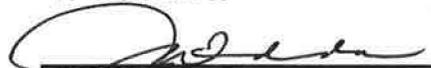
This is based on estimate of expenditures for FY2014. The waiver amount is subject to funding not yet determined by the agencies of Department of Labor, Department of the Interior - Bureau of Indian Affairs, and the Department of Health & Human Services for CCDF.

Darwin St. Clair Jr., Chairman
Type/Print Name of Shoshone Business Council Approving Signature



Date Approved: 2/19/15

John Wadda, 477 Programs Director
Type Dept./Unit approval name here and sign below.



Submit the completed and signed form to the Shoshone Business Council, Attn: Executive Secretary, and a copy to the Shoshone Finance Office, Grants Division prior to circulating your proposal to allow **optimal** time for review. Please know there may be a delay in processing your request as the Indirect Cost Waiver request could take up to 4 weeks to review.