

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

1. Federal Agency and Organizational Element to which Report is Submitted <b>DOI/AS-IA/QIEED Division of Workforce Development</b>		2. Federal Contract or Other Identifying Number Assigned By Federal Agency <b>A12AV00297</b>		OMB Approval No. <b>1076-0135</b>	Page	Of Pages
3. Recipient Organization (Name and complete address, including ZIP code) <b>Fort Belknap Indian Community 656 Agency Main Street Harlem, MT 59526</b>						
4. Employer Identification Number <b>81-0216424</b>		5. Recipient Account Number or Identifying Number <b>FUND 2050</b>		6. Final Report <input type="radio"/> YES <input checked="" type="radio"/> NO		7. Basis <input type="radio"/> CASH <input checked="" type="radio"/> ACCRUAL
8. Funding Contract Period (See Instructions) From: (Month/Day/Yr) <b>10/01/2011</b>		To: (Month/Day/Yr) <b>09/30/2014</b>		9. Period Covered by this Report From: (Month/Day/Yr) <b>10/01/2013</b>		To: (Month/Day/Yr) <b>09/30/2014</b>
10. Transactions:			I Previously Reported	II This Period	III Cumulative	
a. Total outlays			\$2,609,257.00	\$1,258,298.00	\$3,867,555.00	
b. Recipient share of outlays						
c. Federal share of outlays			\$2,609,257.00	\$1,258,298.00	\$3,867,555.00	
d. Total unliquidated obligations						
e. Recipient share of unliquidated obligations						
f. Federal share of unliquidated obligations						
g. Total Federal share (Sum of lines c and f)					\$3,867,555.00	
h. Total Federal funds authorized for this funding period					\$4,325,378.00	
i. Unobligated balance of Federal funds (Line h minus line g)					\$ 457,823.00	
11. Indirect						
a. Type of Rate (Place an X in appropriate box)						
<input type="radio"/> Provisional <input type="radio"/> Predetermined <input type="radio"/> Final <input checked="" type="radio"/> Fixed						
Expense		b. Rate		c. Base		e. Federal Share
		25.70%		\$246,354.30		\$63,313.06
				\$63,313.06		
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.						
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 <b>MARK AZURE, PRESIDENT FORT BELKNAP INDIAN COMMUNITY</b>				Telephone (Area code, number and extension) <b>(406) 353-8303</b>		
Signature of Authorized Certifying Official 				Date Report Submitted <b>6-10-15</b>		