

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

1. Federal Agency and Organizational Element to which Report is Submitted Office of Indian Energy & economic Development Development division of workforce Development		2. Federal Contract or Other Identifying Number Assigned By Federal Agency A12AV00307		OMB Approval No. 1076-0135	Page	Of Pages
3. Recipient Organization (Name and complete address, including ZIP code) Cheyenne River Sioux Tribe, P.O. Box 590, Eagle Butte, SD						
4. Employer Identification Number 46-0217757		5. Recipient Account Number or Identifying Number 79.300		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) 10/1/2011		To: (Month/Day/Yr) 9/30/2014		9. Period Covered by this Report From: (Month/Day/Yr) 10/01/2011		To: (Month/Day/Yr) 09/30/2014
10. Transactions:				I Previously Reported	II This Period	III Cumulative
a. Total outlays				1,487,613.42	835,358.54	2,322,971.96
b. Recipient share of outlays						0
c. Federal share of outlays				1,487,613.42	835,358.54	2,322,971.96
d. Total unliquidated obligations						0
e. Recipient share of unliquidated obligations						0
f. Federal share of unliquidated obligations						381,323.71
g. Total Federal share (Sum of lines c and f)						2,704,295.67
h. Total Federal funds authorized for this funding period						2,704,295.67
i. Unobligated balance of Federal funds (Line h minus line g)						0
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	d. Total Amount	e. Federal Share	
				231,135.71		
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 Benita Clark, Cheyenne River Sioux Tribe Treasurer				Telephone (Area code, number and extension) 605-964-4426		
Signature of Authorized Certifying Official <i>Benita Clark, CRST Treasurer</i>				Date Report Submitted 08/20/2015		