

**FINANCIAL STATUS REPORT**

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>P.L. 102-477 Demonstration Project Stat</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>GTK00T10510      A11AV00435</b>		OMB Approval No. <b>0348-0039</b>	Page of <b>1   1</b>
3. Recipient Organization (Name and complete address, including ZIP code) <b>SISSETON-WAHPETON OYATE</b> <b>PO BOX 509, AGENCY VILLAGE, SOUTH DAKOTA 57262</b>					
4. Employer Identification Number <b>KZ-46-0308226</b>		5. Recipient Account Number or Identifying Number		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/Grant Period (See Instruction From: (Month, Day, Year) To: (Month, Day, Year)) <b>10/01/10      09/30/13</b>		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) <b>10/01/13      09/30/14</b>			
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		\$ 3,600,649.79	\$ 323,048.21	\$ 3,923,698.00	
b. Recipient share of outlays		\$ -	\$ -	\$ -	
c. Federal share of outlays		\$ 3,600,649.79	\$ 323,048.21	\$ 3,923,698.00	
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)				\$ 3,923,698.00	
h. Total Federal funds authorized for this funding period				\$ 3,923,698.00	
i. Unobligated balance of Federal funds (Line h minus line g)				\$ -	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount	
				e. Federal Share	
12. Remarks: 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>Bruce Renville, Tribal Chairman</b>				Telephone (Area Code, number and extension) <b>605-698-3911 Ext102</b>	
Signature of Authorized Certifying Official <b>x</b> <i>Bruce Renville</i>				Date Report Submitted <b>03/24/15</b>	

Previous Editions not Usable

Standard Form 269A (REV 4-88)

Prescribed by OMB Circulars A-102 and A-110

**FINANCIAL STATUS REPORT**

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted <b>P.L. 102-477 Demonstration Project Stat</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>A14AV00105</b>		OMB Approval No. 0348-0039	Page of <b>1   1</b>
3. Recipient Organization (Name and complete address, including ZIP code) <b>SISSETON-WAHPETON OYATE</b> <b>PO BOX 509, AGENCY VILLAGE, SOUTH DAKOTA 57262</b>					
4. Employer Identification Number <b>KZ-46-0308226</b>		5. Recipient Account Number or Identifying Number		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/Grant Period (See Instruction From: (Month, Day, Year) To: (Month, Day, Year) <b>10/01/14                      09/30/16</b>		9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) <b>10/01/13                      09/30/14</b>			
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		\$ 1,231,717.30	\$ 822,566.76	\$ 822,566.76	
b. Recipient share of outlays		\$ -	\$ -	\$ -	
c. Federal share of outlays		\$ 1,231,717.30	\$ 822,566.76	\$ 822,566.76	
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)				\$ 822,566.76	
h. Total Federal funds authorized for this funding period				\$ 1,231,717.30	
i. Unobligated balance of Federal funds (Line h minus line g)				\$ 409,150.54	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate		c. Base		d. Total Amount	
				e. Federal Share	
12. Remarks: 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>Bruce Renville, Tribal Chairman</b>				Telephone (Area Code, number and extension) <b>605-698-3911 Ext102</b>	
Signature of Authorized Certifying Official <b>X</b> 				Date Report Submitted <b>03/24/15</b>	

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