



Overview of Updates to the
PL477 Annual Report

Bureau of Indian Affairs

Office of Indian Services Division of Workforce Development

BACKGROUND ON THE UPDATES

Previous Report Expired
11/30/2024

New Report Expires 12/31/2027

Purpose of the Updates

Key Improvements



LEARNING OBJECTIVES



Understand the purpose and importance of completing the Annual Reports.



Comply with all federal regulations and guidelines.



Familiarize participants with the key changes in the revised reporting requirements.



Understand what is needed to prepare and submit the annual reports by the correct deadlines.



FEDERAL RESPONSIBILITIES

Lead Agency (25 U.S.C. 36 § 3410)

Key Responsibilities

Reporting

Assistance

Monitoring

Funds Management

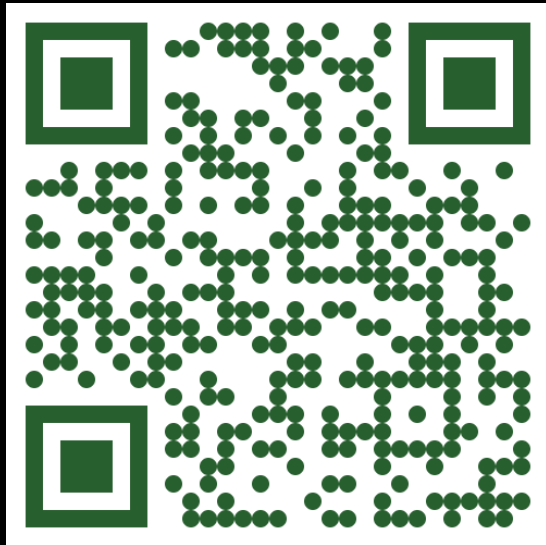
Dispute Resolution

Report Format

Requirements for Reports

Limitation on Reporting

FORMS ARE ONLINE



Annual 477 Report Forms (OMB Control No. 1076-0135)
Expiration Date: December 30, 2027

- [477 Statistical Report Form and Instructions](#)
- [477 Financial Report Form and Instructions](#)
- [477 Narrative Report Form and Instructions](#)
- [Guidance - Public Law 102-477 Financial Reporting Functional Cost Categories](#)

<https://www.bia.gov/bia/ois/dwd>



STATISTICAL REPORT PART I

Ida Doyle

Division of Workforce Development Specialist/ AOTR



“Fiscal Year” Oct 1 – Sep 30	“Calendar Year” Jan 1 – Dec 31	“Other” Apr 1 – Mar 30	“School Year” July 1 - June 30
December 29	March 30	June 28	September 28

TIMELINES FOR WHEN 477 REPORTS ARE DUE

TRIBE NAME, REPORT PERIOD

OMB 1076-0135

Expiration Date: 12/31/2027

PL 477 Statistical Report

Tribal Nation Name:

Original

☐

Report Period: (From/To)

Revision

☐

- Tribal Name
- Report Period = current year activities
- Original = first time report is submitted
- Revision = corrections or resubmission

I. TOTAL PARTICIPANTS

	Current Participants		Participants Terminated	
	Adults	Youth	Adults	Youth
I. Total Participants				

- Tracks current and terminated participants
- Terminated is not negative
- Shows federal partners a better picture of the program

II. PARTICIPANTS CHARACTERISTICS

Participant Characteristics

A. Education Level

1. Nongraduate
2. Current Student Pre-K-12
3. High School Diploma/ High School Equivalency
4. Postsecondary – no degree
5. Postsecondary Degree/Certificate

B. Veterans

C. Participants with a Disability

D. Participants with Justice Involvement



III. PARTICIPANT ACTIVITIES/ SERVICES

Terminee's employment and educational outcomes

III A. is the sum of:

A1 + A4 + A5

IIIA. 2. Not all tribes have access to State SS database – leave blank

IIIA. 3. – Collect at the point of entry

IIIB. Is the sum of

B1+B2+B3

III. Participant Activities/Services		
A. Employment		
1. Entered Unsubsidized Employment		
2. In Unsubsidized Employment 2 nd Quarter After Exit		
3. Average Earnings Gain		
4. Other Employment Outcomes		
5. Employment Objective Not Achieved		
B. Education/Training		
1. Degree/Certificate Attained		
2. Other Education Outcomes		
3. Education Objective Not Achieved		



III C. RELATED SERVICES (SUPPORTIVE) SECTION

- Cash Assistance
- General Assistance
- Child Assistance
- Adult Care Assistance
- Burial Assistance
- Emergency Assistance

C. Related Services (Supportive)		
1. Cash Assistance		Individuals
2. General Assistance		Individuals
3. Child Assistance		Individuals
4. Adult Care Assistance		Individuals
5. Burial Assistance		Individuals
6. Emergency Assistance		Individuals

III C7. WORK PARTICIPATION SECTION

- Work participation rate information
- Data requirements determine funding
- Entered quarterly or annually – Tribally determined

7. Cash Assistance for Families	Average Monthly Numbers	
7a. Families with one or two parents receiving cash assistance from the Tribe where the parents are participating in a work activity approved in the PL477 plan for at least the minimum number of hours approved in the PL477 plan.		Families
7b. Families with one or two parents receiving cash assistance (not including disregarded cases).		Families
7c. Adult and child recipients.		Individual, both Adult and Children
7d. Families receiving cash assistance.		
7d(i). One-parent families		Families
7d(ii). Two-parent families		Families
7d(iii). No-parent families/ "child-only" cases		Families
7e. Families by number of child recipients		
7e(i). One child		Families
7e(ii). Two children		Families
7e(iii). Three children		Families
7e(iv). Four or more children		Families
7f. Child recipients by age		
7f(i). Age 0-1		Children
7f(ii). Age 2-5		Children
7f(iii). Age 6-11		Children
7f(iv). Age 12-15		Children
7f(iv). Age 16-19		Children
7g. Cash assistance amount		Dollar Amount
7h. Work Participation Status (average monthly number of		
7h(i). Work Requirement Met		Families
7h(ii). Work Requirement Not Met		Families
7h(iii). Deemed Hours		Families
7h(iv). Exempt, Other		Families
7h(v). Exempt, Disabled		Families
7h(vi). Exempt, Tribal TANF Plan Reason		Families
7h(vii). Disregarded, Other Reason		Families
7h(viii). Disregarded, Child under 1		Families
7i. Adults in work activities (average monthly)		Families

III C8.-12.

8. Utility Assistance			
8a. Heating		Households	Households
8b. Cooling		Households	Households
8c. Crisis		Households	Households
8d. Weatherization		Households	Households
9. Services to Victims of Crimes			
9a. Victims of domestic violence, sexual assault, dating violence, stalking, or sex trafficking served.			
9b. Victims of domestic violence, sexual assault, dating violence, stalking, or sex trafficking who could not be served			
9c. Victims of other crimes served.			
10. Cultural and Language Activities			
11. Nutrition Services			
12. Child Care and Development Activities		Children	
12a. Children Receiving Child Care			
12a(i). Birth to Five			
12a(ii). School Age			
12b. Care Received – Type of Provider			
12b(i). Center-Based			
12b(ii). Family Child Care Home			
12b(iii). In-Home (Child's Home)			

III C. 8 -12
RELATED
SERVICES
(SUPPORTIVE)
SECTION CONT.



IV. JOBS CREATION/ ECONOMIC DEVELOPMENT

CAPTURE DATA
THROUGHOUT
THE PLAN YEAR

DO NOT
OVERREPORT OR
UNDER-REPORT

AOTRS CAN
PROVIDE
TECHNICAL
ASSISTANCE

- **IV. Job Creation/Economic Development**

- A. Jobs Created
- B. AI/AN Employed
- C. Business Assisted

V. REPORT PREPARED BY

- Print Name Legibly
- Sign electronically or hard copy
- Date stamp

V. Report Prepared By	
Print Name:	Sign:
Phone Number:	Date:
Privacy Act Statement	
Paperwork Reduction Act Statement	



STATISTICAL REPORT (DUE EVERY YEAR)

[illegible]

OMB #75-6615
 (Expiration Date: 12-31-2021)

PH 417: Statistical Report

Initial Name	Current Position	Original Position	Current Position
Current Position: <i>John Doe</i>	<i>John Doe</i>	<i>John Doe</i>	<i>John Doe</i>

Original Position	Current Position
<i>John Doe</i>	<i>John Doe</i>

1. Total Participation

Participation Characteristics	Current Position	Original Position
A. Education Level		
1. High School		
2. College		
3. Graduate Degree		
4. Postgraduate Degree		
5. Other Education		
B. Experience with a Relative		
1. Yes		
2. No		
C. Experience with a Relative		
1. Yes		
2. No		
D. Experience with a Relative		
1. Yes		
2. No		
E. Experience with a Relative		
1. Yes		
2. No		
F. Experience with a Relative		
1. Yes		
2. No		
G. Experience with a Relative		
1. Yes		
2. No		
H. Experience with a Relative		
1. Yes		
2. No		
I. Experience with a Relative		
1. Yes		
2. No		
J. Experience with a Relative		
1. Yes		
2. No		
K. Experience with a Relative		
1. Yes		
2. No		
L. Experience with a Relative		
1. Yes		
2. No		
M. Experience with a Relative		
1. Yes		
2. No		
N. Experience with a Relative		
1. Yes		
2. No		
O. Experience with a Relative		
1. Yes		
2. No		
P. Experience with a Relative		
1. Yes		
2. No		
Q. Experience with a Relative		
1. Yes		
2. No		
R. Experience with a Relative		
1. Yes		
2. No		
S. Experience with a Relative		
1. Yes		
2. No		
T. Experience with a Relative		
1. Yes		
2. No		
U. Experience with a Relative		
1. Yes		
2. No		
V. Experience with a Relative		
1. Yes		
2. No		
W. Experience with a Relative		
1. Yes		
2. No		
X. Experience with a Relative		
1. Yes		
2. No		
Y. Experience with a Relative		
1. Yes		
2. No		
Z. Experience with a Relative		
1. Yes		
2. No		

Year 2

2. Cash Assistance Request

Cash Assistance Request	Original Position	Current Position
1. Yes		
2. No		
3. Yes		
4. No		
5. Yes		
6. No		
7. Yes		
8. No		
9. Yes		
10. No		
11. Yes		
12. No		
13. Yes		
14. No		
15. Yes		
16. No		
17. Yes		
18. No		
19. Yes		
20. No		
21. Yes		
22. No		
23. Yes		
24. No		
25. Yes		
26. No		
27. Yes		
28. No		
29. Yes		
30. No		
31. Yes		
32. No		
33. Yes		
34. No		
35. Yes		
36. No		
37. Yes		
38. No		
39. Yes		
40. No		
41. Yes		
42. No		
43. Yes		
44. No		

[illegible]

STATISTICAL FORM



Common Errors

- Outcomes for terminees are not reported
- Not reporting wage gain for terminees
- Not capturing Jobs Created / Economic Development
- Under-reporting for the Total Participant Activities
- Total for participants does not sum correctly



FINANCIAL REPORT

PART II

TRIBE NAME, ADDRESS

OMB Control No. 1076-0135 Expiration Date: 12/31/2027	
U.S. Department of the Interior Public Law 102-477 Annual Financial Expenditure Report	
1. Tribe/Tribal Organization:	2. Other Identifying Number Assigned by DOI:
3. Mailing Address: (Provide complete mailing address)	

In Box 2: 477 Contract Number.

- If you are a Title 1 tribe (contract) it starts with A and the year your contract starts.
Example: A25AV000xxx
- If you are a Title IV compacting tribe: Use your OSG number. It starts with
- Example: GT-OSGXXX or GTK-OSGXXX

PLAN PERIOD FOR REPORT

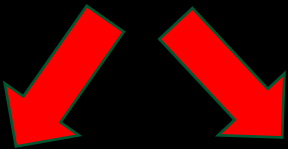
4. Submission: (Mark One) <input type="radio"/> Original <input type="radio"/> Revised	5. Final Report for Plan Period: <input type="radio"/> Yes <input type="radio"/> No
6. Annual Report Period: From: ____/____/____ To: ____/____/____ (Month/Day/Year) (Month/Day/Year)	7. Plan Period Covered by this Report: From: ____/____/____ To: ____/____/____ (Month/Day/Year) (Month/Day/Year)

Report “Final” when funds reach \$0

Annual Report Period = within the year | Plan Period = length of plan



Columns switched!



- “non-adds” removed
- Capture Services and Activities in Narrative Report

8. Transactions:	Column I: This Annual Report Period	Column II: Previously Reported	Column III: Cumulative/Total
a. Total Funds Available	\$ -	\$ -	\$ -
b. Cash Assistance Expenditures	\$ -	\$ -	\$ -
c. Child Care Services Expenditures	\$ -	\$ -	\$ -
d. Other Education, Employment, Training and Supportive Services Expenditures	\$ -	\$ -	\$ -
e. Program Operations Expenditures	\$ -	\$ -	\$ -
f. Administration/Indirect Cost Expenditures	\$ -	\$ -	\$ -
g. Total Federal Expenditures (Sum of lines b through f)	\$ -	\$ -	\$ -
h. Total Unexpended Funds	\$	\$	\$

TRANSACTIONS FOR COST CATEGORIES

CERTIFICATION, SIGNATURE, AND DATE

9. Certification: This is to certify that the information reported on all parts of this form is accurate and true to the best of my knowledge and belief and that the tribe has complied with all directly applicable statutory requirements and with those directly applicable regulatory requirements which have not been waived.

a. Signature of Tribal Official

b. Type Name and Title

c. Date Report Submitted

d. Questions regarding this report – Contact: (Type Name, Title, Phone #, and Email Address)

- Tribal Official/ Designee Signs
- Print Legibly
- Include Date
- Contact of Person Completing the Report

COST CATEGORIES

Transactions

- Total Funds Available
- Cash Assistance Expenditures
- Child Care Services Expenditures
- Other Education, Employment, Training, and Support Services Expenditures
- Program Operations Expenditures
- Admin/Indirect Cost Expenditures
- Total Federal Expenditures
- Total Unexpended Funds

P.L. 102-477 Financial Reporting Functional Cost Categories	
CATEGORY:	Program Operations
DEFINITION:	Program Operations are the direct costs associated with providing services as identified in the approved P.L. 102-477 plan. Tribes subject to the Child Care and Development Fund (CCDF) 4 percent quality requirement should describe efforts that were implemented to provide higher quality child care (e.g., provider training and professional development, health and safety requirements, etc.). Expenditures for program operations activities include, but are not limited to the following: <ul style="list-style-type: none">• Salaries and benefit costs for staff providing program services and the direct administrative cost associated with providing the services, such as cost for supplies, equipment, travel, postage, utilities, rental of office space and maintenance;• Case management services including the provision of a client-centered approach in the delivery of services, designed to:<ul style="list-style-type: none">o Prevent and coordinate comprehensive employment plans, such as service wraparound (SWAP), for participants to ensure access to necessary workplace advancement activities and supportive services, along with flexible, computer-based technologies; ando Provide job and career counseling during program participation and after job placement;• Placements and the recruitment, licensing, certification, inspectors, reviews and supervision of placements;• Training of program staff; and• Establishment and maintenance of computerized client services information systems for tracking and monitoring.
GUIDANCE:	Examples of expenditures for quality child care and development services/activities include, but are not limited to the following: <ul style="list-style-type: none">• Child care resource and referral services;• Grants and loans to child care providers to assist in meeting applicable standards, including health and safety requirements;• Improving monitoring and enforcement with quality and health and safety standards;• Professional development of the child care workforce through education, training, and technical assistance to ensure responsive, well-qualified caregivers who promote children's development and learning;<ul style="list-style-type: none">o Education such as CDA Credential, vocational schools, trade schools, and career colleges, that award academic degrees or professional certifications relating to the care and development of children;o Training including health and safety, nutrition, first aid, recognition of communicable diseases, child abuse detection and prevention, care of child with special needs; ando Technical assistance includes building professional development systems and workforce relations for staff and providers;• Improving salaries and other compensation for child care staff;• Comprehensive consumer education; and• Other activities that promote quality improvement.

P.L. 102-477 Financial Reporting Functional Cost Categories	
CATEGORY:	Child Care Services
DEFINITION:	Child Care Services are the services provided to eligible children for eligible child care providers receiving any P.L. 102-477 funding to increase the hours they have received the Child Care and Development Fund (CCDF) in 1996-1997-1998-1999-2000-2001-2002-2003-2004-2005-2006-2007-2008-2009-2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100-2101-2102-2103-2104-2105-2106-2107-2108-2109-2110-2111-2112-2113-2114-2115-2116-2117-2118-2119-2120-2121-2122-2123-2124-2125-2126-2127-2128-2129-2130-2131-2132-2133-2134-2135-2136-2137-2138-2139-2140-2141-2142-2143-2144-2145-2146-2147-2148-2149-2150-2151-2152-2153-2154-2155-2156-2157-2158-2159-2160-2161-2162-2163-2164-2165-2166-2167-2168-2169-2170-2171-2172-2173-2174-2175-2176-2177-2178-2179-2180-2181-2182-2183-2184-2185-2186-2187-2188-2189-2190-2191-2192-2193-2194-2195-2196-2197-2198-2199-2200-2201-2202-2203-2204-2205-2206-2207-2208-2209-2210-2211-2212-2213-2214-2215-2216-2217-2218-2219-2220-2221-2222-2223-2224-2225-2226-2227-2228-2229-2230-2231-2232-2233-2234-2235-2236-2237-2238-2239-2240-2241-2242-2243-2244-2245-2246-2247-2248-2249-2250-2251-2252-2253-2254-2255-2256-2257-2258-2259-2260-2261-2262-2263-2264-2265-2266-2267-2268-2269-2270-2271-2272-2273-2274-2275-2276-2277-2278-2279-2280-2281-2282-2283-2284-2285-2286-2287-2288-2289-2290-2291-2292-2293-2294-2295-2296-2297-2298-2299-2300-2301-2302-2303-2304-2305-2306-2307-2308-2309-2310-2311-2312-2313-2314-2315-2316-2317-2318-2319-2320-2321-2322-2323-2324-2325-2326-2327-2328-2329-2330-2331-2332-2333-2334-2335-2336-2337-2338-2339-2340-2341-2342-2343-2344-2345-2346-2347-2348-2349-2350-2351-2352-2353-2354-2355-2356-2357-2358-2359-2360-2361-2362-2363-2364-2365-2366-2367-2368-2369-2370-2371-2372-2373-2374-2375-2376-2377-2378-2379-2380-2381-2382-2383-2384-2385-2386-2387-2388-2389-2390-2391-2392-2393-2394-2395-2396-2397-2398-2399-2400-2401-2402-2403-2404-2405-2406-2407-2408-2409-2410-2411-2412-2413-2414-2415-2416-2417-2418-2419-2420-2421-2422-2423-2424-2425-2426-2427-2428-2429-2430-2431-2432-2433-2434-2435-2436-2437-2438-2439-2440-2441-2442-2443-2444-2445-2446-2447-2448-2449-2450-2451-2452-2453-2454-2455-2456-2457-2458-2459-2460-2461-2462-2463-2464-2465-2466-2467-2468-2469-2470-2471-2472-2473-2474-2475-2476-2477-2478-2479-2480-2481-2482-2483-2484-2485-2486-2487-2488-2489-2490-2491-2492-2493-2494-2495-2496-2497-2498-2499-2500-2501-2502-2503-2504-2505-2506-2507-2508-2509-2510-2511-2512-2513-2514-2515-2516-2517-2518-2519-2520-2521-2522-2523-2524-2525-2526-2527-2528-2529-2530-2531-2532-2533-2534-2535-2536-2537-2538-2539-2540-2541-2542-2543-2544-2545-2546-2547-2548-2549-2550-2551-2552-2553-2554-2555-2556-2557-2558-2559-2560-2561-2562-2563-2564-2565-2566-2567-2568-2569-2570-2571-2572-2573-2574-2575-2576-2577-2578-2579-2580-2581-2582-2583-2584-2585-2586-2587-2588-2589-2590-2591-2592-2593-2594-2595-2596-2597-2598-2599-2600-2601-2602-2603-2604-2605-2606-2607-2608-2609-2610-2611-2612-2613-2614-2615-2616-2617-2618-2619-2620-2621-2622-2623-2624-2625-2626-2627-2628-2629-2630-2631-2632-2633-2634-2635-2636-2637-2638-2639-2640-2641-2642-2643-2644-2645-2646-2647-2648-2649-2650-2651-2652-2653-2654-2655-2656-2657-2658-2659-2660-2661-2662-2663-2664-2665-2666-2667-2668-2669-2670-2671-2672-2673-2674-2675-2676-2677-2678-2679-2680-2681-2682-2683-2684-2685-2686-2687-2688-2689-2690-2691-2692-2693-2694-2695-2696-2697-2698-2699-2700-2701-2702-2703-2704-2705-2706-2707-2708-2709-2710-2711-2712-2713-2714-2715-2716-2717-2718-2719-2720-2721-2722-2723-2724-2725-2726-2727-2728-2729-2730-2731-2732-2733-2734-2735-2736-2737-2738-2739-2740-2741-2742-2743-2744-2745-2746-2747-2748-2749-2750-2751-2752-2753-2754-2755-2756-2757-2758-2759-2760-2761-2762-2763-2764-2765-2766-2767-2768-2769-2770-2771-2772-2773-2774-2775-2776-2777-2778-2779-2780-2781-2782-2783-2784-2785-2786-2787-2788-2789-2790-2791-2792-2793-2794-2795-2796-2797-2798-2799-2800-2801-2802-2803-2804-2805-2806-2807-2808-2809-2810-2811-2812-2813-2814-2815-2816-2817-2818-2819-2820-2821-2822-2823-2824-2825-2826-2827-2828-2829-2830-2831-2832-2833-2834-2835-2836-2837-2838-2839-2840-2841-2842-2843-2844-2845-2846-2847-2848-2849-2850-2851-2852-2853-2854-2855-2856-2857-2858-2859-2860-2861-2862-2863-2864-2865-2866-2867-2868-2869-2870-2871-2872-2873-2874-2875-2876-2877-2878-2879-2880-2881-2882-2883-2884-2885-2886-2887-2888-2889-2890-2891-2892-2893-2894-2895-2896-2897-2898-2899-2900-2901-2902-2903-2904-2905-2906-2907-2908-2909-2910-2911-2912-2913-2914-2915-2916-2917-2918-2919-2920-2921-2922-2923-2924-2925-2926-2927-2928-2929-2930-2931-2932-2933-2934-2935-2936-2937-2938-2939-2940-2941-2942-2943-2944-2945-2946-2947-2948-2949-2950-2951-2952-2953-2954-2955-2956-2957-2958-2959-2960-2961-2962-2963-2964-2965-2966-2967-2968-2969-2970-2971-2972-2973-2974-2975-2976-2977-2978-2979-2980-2981-2982-2983-2984-2985-2986-2987-2988-2989-2990-2991-2992-2993-2994-2995-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FINANCIAL REPORT FOR EACH YEAR UNDER PLAN

U.S. Department of the Interior Public Law 102-477 Annual Financial Expenditure Report				OMB Control No. 1076-0135 Expiration Date: 12/31/2027
1. Tribe/Tribal Organization:		2. Other Identifying Number Assigned by DOI:		
3. Mailing Address: (Provide complete mailing address)				
4. Submission: (Mark One) <input type="radio"/> Original <input type="radio"/> Revised		5. Final Report for Plan Period: <input type="radio"/> Yes <input type="radio"/> No		
6. Annual Report Period: From: ____/____/____ To: ____/____/____ (Month/Day/Year) (Month/Day/Year)		7. Plan Period Covered by this Report: From: ____/____/____ To: ____/____/____ (Month/Day/Year) (Month/Day/Year)		
8. Transactions:	Column I: This Annual Report Period	Column II: Previously Reported	Column III: Cumulative/Total	
a. Total Funds Available	\$ -	\$ -	\$ -	
b. Cash Assistance Expenditures	\$ -	\$ -	\$ -	
c. Child Care Services Expenditures	\$ -	\$ -	\$ -	
d. Other Education, Employment, Training and Summative Services Expenditures	\$ -	\$ -	\$ -	
e. Program Operations Expenditures	\$ -	\$ -	\$ -	
f. Administration/Indirect Cost Expenditures	\$ -	\$ -	\$ -	
g. Total Federal Expenditures (Sum of lines b through f)	\$ -	\$ -	\$ -	
h. Total Unexpended Funds	\$	\$	\$	
9. Certification: This is to certify that the information reported on all parts of this form is accurate and true to the best of my knowledge and belief and that the tribe has complied with all directly applicable statutory requirements and with those directly applicable regulatory requirements which have not been waived.				
a. Signature of Tribal Official				
b. Type Name and Title		c. Date Report Submitted		
d. Questions regarding this report - Contact: (Type Name, Title, Phone #, and Email Address)				

U.S. Department of the Interior Public Law 102-477 Annual Financial Expenditure Report				OMB Control No. 1076-0135 Expiration Date: 12/31/2027
1. Tribe/Tribal Organization:		2. Other Identifying Number Assigned by DOI:		
3. Mailing Address: (Provide complete mailing address)				
4. Submission: (Mark One) <input type="radio"/> Original <input type="radio"/> Revised		5. Final Report for Plan Period: <input type="radio"/> Yes <input type="radio"/> No		
6. Annual Report Period: From: ____/____/____ To: ____/____/____ (Month/Day/Year) (Month/Day/Year)		7. Plan Period Covered by this Report: From: ____/____/____ To: ____/____/____ (Month/Day/Year) (Month/Day/Year)		
8. Transactions:	Column I: This Annual Report Period	Column II: Previously Reported	Column III: Cumulative/Total	
a. Total Funds Available	\$ -	\$ -	\$ -	
b. Cash Assistance Expenditures	\$ -	\$ -	\$ -	
c. Child Care Services Expenditures	\$ -	\$ -	\$ -	
d. Other Education, Employment, Training and Summative Services Expenditures	\$ -	\$ -	\$ -	
e. Program Operations Expenditures	\$ -	\$ -	\$ -	
f. Administration/Indirect Cost Expenditures	\$ -	\$ -	\$ -	
g. Total Federal Expenditures (Sum of lines b through f)	\$ -	\$ -	\$ -	
h. Total Unexpended Funds	\$	\$	\$	
9. Certification: This is to certify that the information reported on all parts of this form is accurate and true to the best of my knowledge and belief and that the tribe has complied with all directly applicable statutory requirements and with those directly applicable regulatory requirements which have not been waived.				
a. Signature of Tribal Official				
b. Type Name and Title		c. Date Report Submitted		
d. Questions regarding this report - Contact: (Type Name, Title, Phone #, and Email Address)				

U.S. Department of the Interior Public Law 102-477 Annual Financial Expenditure Report				OMB Control No. 1076-0135 Expiration Date: 12/31/2027
1. Tribe/Tribal Organization:		2. Other Identifying Number Assigned by DOI:		
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6. Annual Report Period: From: ____/____/____ To: ____/____/____ (Month/Day/Year) (Month/Day/Year)		7. Plan Period Covered by this Report: From: ____/____/____ To: ____/____/____ (Month/Day/Year) (Month/Day/Year)		
8. Transactions:	Column I: This Annual Report Period	Column II: Previously Reported	Column III: Cumulative/Total	
a. Total Funds Available	\$ -	\$ -	\$ -	
b. Cash Assistance Expenditures	\$ -	\$ -	\$ -	
c. Child Care Services Expenditures	\$ -	\$ -	\$ -	
d. Other Education, Employment, Training and Summative Services Expenditures	\$ -	\$ -	\$ -	
e. Program Operations Expenditures	\$ -	\$ -	\$ -	
f. Administration/Indirect Cost Expenditures	\$ -	\$ -	\$ -	
g. Total Federal Expenditures (Sum of lines b through f)	\$ -	\$ -	\$ -	
h. Total Unexpended Funds	\$	\$	\$	
9. Certification: This is to certify that the information reported on all parts of this form is accurate and true to the best of my knowledge and belief and that the tribe has complied with all directly applicable statutory requirements and with those directly applicable regulatory requirements which have not been waived.				
a. Signature of Tribal Official				
b. Type Name and Title		c. Date Report Submitted		
d. Questions regarding this report - Contact: (Type Name, Title, Phone #, and Email Address)				

U.S. Department of the Interior Public Law 102-477 Annual Financial Expenditure Report				OMB Control No. 1076-0135 Expiration Date: 12/31/2027
1. Tribe/Tribal Organization:		2. Other Identifying Number Assigned by DOI:		
3. Mailing Address: (Provide complete mailing address)				
4. Submission: (Mark One) <input type="radio"/> Original <input type="radio"/> Revised		5. Final Report for Plan Period: <input type="radio"/> Yes <input type="radio"/> No		
6. Annual Report Period: From: ____/____/____ To: ____/____/____ (Month/Day/Year) (Month/Day/Year)		7. Plan Period Covered by this Report: From: ____/____/____ To: ____/____/____ (Month/Day/Year) (Month/Day/Year)		
8. Transactions:	Column I: This Annual Report Period	Column II: Previously Reported	Column III: Cumulative/Total	
a. Total Funds Available	\$ -	\$ -	\$ -	
b. Cash Assistance Expenditures	\$ -	\$ -	\$ -	
c. Child Care Services Expenditures	\$ -	\$ -	\$ -	
d. Other Education, Employment, Training and Summative Services Expenditures	\$ -	\$ -	\$ -	
e. Program Operations Expenditures	\$ -	\$ -	\$ -	
f. Administration/Indirect Cost Expenditures	\$ -	\$ -	\$ -	
g. Total Federal Expenditures (Sum of lines b through f)	\$ -	\$ -	\$ -	
h. Total Unexpended Funds	\$	\$	\$	
9. Certification: This is to certify that the information reported on all parts of this form is accurate and true to the best of my knowledge and belief and that the tribe has complied with all directly applicable statutory requirements and with those directly applicable regulatory requirements which have not been waived.				
a. Signature of Tribal Official				
b. Type Name and Title		c. Date Report Submitted		
d. Questions regarding this report - Contact: (Type Name, Title, Phone #, and Email Address)				

Current Plan

Oct 1, 2024 to
Sep 30, 2027

OMB E-Form No. 1076-101-03 U.S. Department of the Interior Public Law 103-477 Annual Financial Report of the Department of the Interior		Expiration Date 11/30/2014	
Title/Title Organization		Other Identifying Number Assigned by DOE	
1. Meeting Address (to provide complete mailing address)			
2. Submission: Made (Use)		3. Report Request for Next Period	
<input type="radio"/> Original <input type="radio"/> Revised		<input type="radio"/> Yes <input type="radio"/> No	
4. Actual Report Period		5. Plan Period Covered by this Report	
Month _____ Day _____ (Month/Day/Year) (Month/Day/Year)		Plan _____ Day _____ (Month/Day/Year) (Month/Day/Year)	
6. This Report Contains:		7. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
8. This Report Contains:		9. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
10. This Report Contains:		11. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
12. This Report Contains:		13. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
14. This Report Contains:		15. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
16. This Report Contains:		17. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
18. This Report Contains:		19. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
20. This Report Contains:		21. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
22. This Report Contains:		23. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
24. This Report Contains:		25. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
26. This Report Contains:		27. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
28. This Report Contains:		29. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
30. This Report Contains:		31. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
32. This Report Contains:		33. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
34. This Report Contains:		35. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
36. This Report Contains:		37. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
38. This Report Contains:		39. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
40. This Report Contains:		41. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
42. This Report Contains:		43. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
44. This Report Contains:		45. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	
46. This Report Contains:		47. This Report Contains:	
a. Executive Summary		b. Executive Summary	
c. Financial Statements		d. Financial Statements	
e. Other Information		f. Other Information	

OMB Control No. 1070-0135		U.S. Department of the Interior Public Law 101-477		Expiration Date 11/30/2014	
Annual Financial and Expenditures Report					
1. Title: Tribal Organization:			2. Owner (Identifying Number Assigned by DOE):		
1. Meeting Address: (Provide complete meeting address):					
3. Submission: (Select One) <input type="radio"/> Original <input type="radio"/> Renewed			4. Prior Report for Plans Period: <input type="radio"/> Yes <input type="radio"/> No		
5. Annual Report Period: From _____ To _____ (Month/Day/Year) (Month/Day/Year)			6. Plan Period Covered by this Report: From _____ To _____ (Month/Day/Year) (Month/Day/Year)		
<div style="font-size: 48px; font-weight: bold; opacity: 0.5; position: relative; z-index: 1;">Year 2</div>					
1. Triennial Data:		Column 1: Precision: Reported		Column 2: This Area as Reported	
2. Tribal Funds Available		\$ -		\$ -	
3. Cash Accounts: Expenditures		\$ -		\$ -	
4. Cash Accounts: Expenditures		\$ -		\$ -	
5. Child Care Services: Expenditures		\$ -		\$ -	
6. Education, Employment, Training, and Social Services: Expenditures		\$ -		\$ -	
7. <i>EAOP Purpose 1 Fund (non-avail)</i>		\$ -		\$ -	
8. <i>Other EAOP Activities (non-avail)</i>		\$ -		\$ -	
9. Program Operations: Expenditures		\$ -		\$ -	
10. <i>Child Care Quality Improvement (non-avail)</i>		\$ -		\$ -	
11. Administration: Indirect Costs: Expenditures		\$ -		\$ -	
12. <i>Administrative Indirect Costs (through 6)</i>		\$ -		\$ -	
13. Tribal Period: Financial Expenditures (Sum of 6's through 12)		\$ -		\$ -	
14. Tribal Unexpended Funds:		\$ -		\$ -	
<p>7. Confidentiality: This is a public data the information reported on all parts of this form is a public and is to be the best of our knowledge and belief and that no law has been complied with all identity applicable statutory requirements and with those directly applicable regulatory requirements that have not been waived.</p> <p>8. Signature of Tribal Official:</p>					
9. Title Name and Title				10. Date Report Submitted	
<p>11. Comments regarding this report - (Optional) (Type in Title, Phone #, and Email Address)</p>					

OMB Control No. 3076-0045		U.S. Department of the Interior Public Law 101-477		Expiration Date 11/30/2024	
Annual Financial Report					
1. Title: Wildlife Organization		2. Other Identifying Number Assigned by DOI:			
3. Mailing Address: (Include complete mailing address)					
4. Submission Method: <input type="radio"/> Original <input type="radio"/> Revised		5. Report Period For Max Period: <input type="radio"/> Yes <input checked="" type="radio"/> No			
6. Annual Report Period: From _____ To _____ (Month/Day/Year) (Month/Day/Year)		7. Was Period Covered By This Report: From _____ To _____ (Month/Day/Year) (Month/Day/Year)			
8. Section Items:		Column 1: Previous Report		Column 2: This Annual Report Period	
a. Trust Funds A-vailable		\$	-	\$	-
b. Cash Assistance Expenditures		\$	-	\$	-
c. Child Care Services Expenditures		\$	-	\$	-
d. Education, Employment, Training and Expenditures		\$	-	\$	-
e. <i>TAIF Purpose 1: land ownership</i>		\$	-	\$	-
f. <i>Other TAIF Assistance non-land</i>		\$	-	\$	-
g. Program Operations Expenditures		\$	-	\$	-
h. Child Care Quality Improvement non-land		\$	-	\$	-
i. Administration/Office Cost Expenditures		\$	-	\$	-
j. Trust/Political Expenditures (Sum of lines b through i)		\$	-	\$	-
k. Trust Unexpended Funds		\$	-	\$	-
9. Certification: This is to certify that the information reported on all parts of this form is accurate and true to the best of my knowledge and belief and that the data has been compiled with all directly applicable regulatory requirements and with those directly applicable regulatory requirements which have not been waived.					
a. Signature of Official:					
b. Type Name and Title		c. Data Report Submitted			
d. Questions regarding this report: Contact: (Type Name, Title, Phone #, and Email Address)					

Prior Plan
Oct 1, 2021 to
Sep 30, 2024
has
Carry over
funds

GOLD Report No. 1074-0135		U.S. Department of the Interior Public Law 102-477		Expiration Date 11/30/2024	
Annual U.S. Bureau of Expenditures Report				Circle identifying a Number Assigned by DOE	
1. Title: <u>Waste Operations</u>					
2. Mailing Address: <u>(Do not complete mailing address)</u>					
3. Submission: <u>(Mark One)</u>				3. Was Report For <u>One Year</u>	
<input checked="" type="radio"/> Original <input type="radio"/> Revised				<input type="radio"/> Yes <input checked="" type="radio"/> No	
4. Annual Report Period:				4. Plan Period Covered by this Report:	
From <u>1980</u> To <u>1981</u> (Month/Day/Year)				From <u>1980</u> To <u>1981</u> (Month/Day/Year)	
5. Themes are:		Column 1 Previously Reported		Column 2 This Annual Report Period	
a. <u>Thematic Issues</u>				Column 3 Cumulative Total	
a. <u>Total Federal Available</u>		\$ -		\$ -	
b. <u>Cash Assistance Expenditures</u>		\$ -		\$ -	
c. <u>Child Care Service as Expenditures</u>		\$ -		\$ -	
d. <u>Education, Employment, Training and Supportive Services Expenditures</u>		\$ -		\$ -	
e. <u>FAWP Projects: 1. a and non-a</u>		\$ -		\$ -	
f. <u>Other TANF assistance non-a</u>		\$ -		\$ -	
g. <u>Program Operations Expenditures</u>		\$ -		\$ -	
h. <u>Child Care Quality Improvement non-a</u>		\$ -		\$ -	
i. <u>Administration Indirect Cost Expenditures</u>		\$ -		\$ -	
j. <u>Total Federal Expenditures (Sum of items b through i)</u>		\$ -		\$ -	
k. <u>Total Unexpended Funds</u>		\$ -		\$ -	
<p>7. Certification: This is to certify that the information reported on all parts of this form is accurate and true to the best of my knowledge and belief and that the data has been compiled with due observance of statutory requirements and with those directly affecting any responsibility and liability which may have been incurred.</p>					
8. Signature of <u>the Official</u>					
9. Type Name and Title				Date Report Submitted	
10. Questions regarding this report - Contact: <u>(Type Name, Title, Phone #, and Email Address)</u>					

OMB Covered No. 1076-0135		U.S. Department of the Interior Public Law 100-497		Expiration Date 11/30/2014	
Annual Financial Expenditure Report					
1. Title/Topic Organization:			Other Identifying Number Assigned by DOI:		
2. Mailing Address: (Please include complete mailing address)					
3. Submission is (Mark One):			4. Was Report for Year Received:		
<input type="radio"/> Original <input type="radio"/> Reprint			<input type="radio"/> Yes <input type="radio"/> No		
5. Annual Report Period:			6. Plan Period Covered by this Report:		
From _____ To _____ (Month/Day/Year) (Month/Day/Year)			From _____ To _____ (Month/Day/Year) (Month/Day/Year)		
7. Discussion:		Column 1 Previously Reported		Column 2 This Annual Report Period	
8. Check All That Apply:		Column 3 Change in Classification?			
a. Total Funds Available		\$ -	\$ -	\$ -	\$ -
b. Cash Assistance Expenditures		\$ -	\$ -	\$ -	\$ -
c. Child Care Services Expenditures		\$ -	\$ -	\$ -	\$ -
d. Education, Employment, Training and Support Expenditures		\$ -	\$ -	\$ -	\$ -
e. <i>IF TANF Purpose, 1 make non-allowable</i>		\$ -	\$ -	\$ -	\$ -
f. <i>Other TANF assistance non-allowable</i>		\$ -	\$ -	\$ -	\$ -
g. Administration Expenditures		\$ -	\$ -	\$ -	\$ -
h. <i>Child Care Quality Improvement non-allowable</i>		\$ -	\$ -	\$ -	\$ -
i. Program Support Expenditures		\$ -	\$ -	\$ -	\$ -
j. Administration Expenditures		\$ -	\$ -	\$ -	\$ -
k. Total Permitted Expenditures (Sum of Rows b through g)		\$ -	\$ -	\$ -	\$ -
l. Total Unpermitted Expenditures		\$ -	\$ -	\$ -	\$ -

7. Certification: This is to certify that the information reported on this report is accurate and true to the best of your knowledge and belief and that the data has been compiled with all necessary regulatory requirements and has been directly prepared by expenditures which have not been re-audited.

8. Signature of Title/Office:

9. Title Name and Title		Date Report Submitted	
10. Questions regarding this report - (Email: (Type Name, Title, Phone #, and Email Address))			

OMB Number No. 1070-0185		U.S. Department of the Interior Public Law 102-477		Expiration Date 11/30/2024	
Annual Financial Expenditure Report					
1. Title: Total Organization:		2. Other Identifying Number Assigned by DOE:			
3. Mailing Address: (Provide complete mailing address)					
4. Submission: (Mark One) <input type="radio"/> Original <input type="radio"/> Revised		5. Fiscal Year: For What Period? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Actual Report Period: From _____ To _____ (Month Day Year) (Month Day Year)		7. Plan Period Covered by This Report: From _____ To _____ (Month Day Year) (Month Day Year)			
		Column I Previously Reported		Column II This Annual Report Period	
		Column III Exclusions		Column IV Exclusions II	
8. THEORETICAL		\$	-	\$	-
a. Trust Funds & Rentals		\$	-	\$	-
b. Cash Assistance Expenditures		\$	-	\$	-
c. Child Care Services on Expenditures		\$	-	\$	-
d. Education, Employment, Training and Support Expenditures		\$	-	\$	-
e. TANF Payments & a. non-reimbursable		\$	-	\$	-
f. Other TANF assistance items paid		\$	-	\$	-
g. Program Operations Expenditures		\$	-	\$	-
h. Child Care Quality Improvement non-reimbursable		\$	-	\$	-
i. Administration Expenditures / Cost Expenditures		\$	-	\$	-
j. Total Federal Expenditures / (Sum of Items b through i)		\$	-	\$	-
k. Total Unexpended Grants		\$	-	\$	-
<p>Certification: This is to certify that the information reported on all parts of this form is accurate and true to the best of my knowledge and belief and that the facts have been compiled from all directly applicable regulatory requirements and with those from other appropriate government agencies which have not been revised.</p>					
9. Signature or Print Name		10. Date Report Submitted			
a. Type Name and Title					
11. Questions regarding this report - Contact: (Phone, Telex, Voice or E-mail Address)					

OMB Control No. 1076-0135		U.S. Department of the Interior Public Law 101-477		Expiration Date 11/30/2024	
Annual Financial Expenditures Report					
1. Title/Title Organization:		Other Identifying Number Assigned by DOI:			
2. Mailing Address: (Write complete mailing address)					
3. Institution: (Select One)		4. Reporting Year:		5. Fiscal Year For This Period:	
<input type="radio"/> Original <input type="radio"/> Renewed				<input type="radio"/> Yes <input type="radio"/> No	
6. Annual Report Period:		7. Fiscal Period Covered by This Report:			
From _____ (Month/Day/Year) To _____ (Month/Day/Year)		From _____ (Month/Day/Year) To _____ (Month/Day/Year)			
8. Transactions:		Column 1: Previously Reported		Column 2: This Annual Report Period	
9. Column 3: Cumulative 201					
a. Total Pledge A:		\$ _____		\$ _____	
b. Cash Assistance:		\$ _____		\$ _____	
c. Child Care:		\$ _____		\$ _____	
d. Education, Employment, Training, and Recreation:		\$ _____		\$ _____	
e. <i>(If Not Purpose 1 and non-add)</i> f. <i>Other 22 Assistance non-add</i>		\$ _____		\$ _____	
g. Program Operations:		\$ _____		\$ _____	
h. <i>Child Care Quality Improvement Incentive</i>		\$ _____		\$ _____	
i. Administration Incentive: Cash Expenditures		\$ _____		\$ _____	
j. Total Pledge B Expenditures: (Sum of lines b through g)		\$ _____		\$ _____	
k. Total Unexpended Pledge:		\$ _____		\$ _____	
9. Certification: This is to certify that the information reported on any part of this form is accurate and true to the best of the reporting organization's knowledge and that the data has been compiled with all directly applicable statute, regulations, and rules that directly apply to the regulatory requirements which have so been named.					
10. Signature of the Official: _____					
a. Type Name and Title		b. Date Report Submitted			
11. Questions regarding this report - Contact: (Type Name, Title, Phone #, and Email Address)					

OMB Control No. 1076-0234 U.S. Department of the Interior Public Law 104-477 Expiration Date 11/30/2024



NARRATIVE REPORT PART III

NARRATIVE REPORT

Captures information not in the Statistical or Financial Reports



- Pictures tell a story
- Images of event flyers
- Use Times New Roman – 12” font
- 1” margins



Fiscal Year Oct 1 – Sep 30	Calendar Year Jan 1 – Dec 31	Apr 1 – Mar 30	July 1 - June 30
December 29	March 30	June 28	September 28

477 REPORTS ARE DUE

SUMMARY OF POINTS



Either form may be used this year



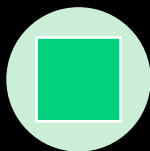
Don't panic!



Meet annual deadlines



All three forms must be submitted



Do Not leave cells blank



Only 477 Requirement is submitting the Annual Report

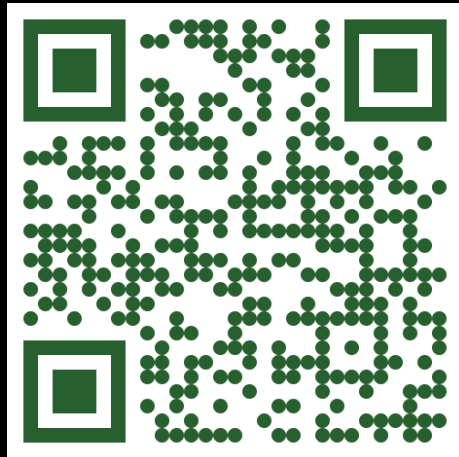


QUESTIONS

Please raise your hand,
and a moderator will call on
you.

You may also put a
question in the chat. We will
answer it in the order it is
received.





LEARN MORE

<https://www.bia.gov/bia/ois/dwd>