



# United States Department of the Interior

## NATIONAL PARK SERVICE

1849 C Street, N.W.  
Washington, D.C. 20240

IN REPLY REFER TO:

H36(2275)

JUN 20 2000

Mr. Dee Ketchum  
Chief, Delaware Tribe of Indians  
220 NW Virginia Avenue  
Bartlesville, OK 74003

Dear Mr. Ketchum:

On behalf of the National Park Service, I am very pleased to inform you that your project, entitled "Delaware Tribe NAGPRA Project," implementing the Native American Graves Protection and Repatriation Act (NAGPRA) has been selected for funding in the amount of **\$75,000**. Your application was one of 42 that were funded from a total of 111 applications received during FY 2000. Congratulations on your success.

Enclosed are two copies of a grant agreement (Grant Number **40-00-GP-232**), that sets out the various terms and conditions of this grant award. Please be sure to read the Summary of Objectives and Results (Condition 14) and project deliverables (Condition 16). After your review, please have an authorized official sign and return both copies and the required enclosures to the address below. Upon receipt of the signed documents, the National Park Service will formally obligate the grant funds for your project. A copy of the fully executed grant agreement will be returned to you for your files.

<b>All US Postal Service Mail</b>	<b>For Overnight (FedEx, UPS, DHL) Deliveries</b>
Laura Mahoney Heritage Preservation Services National Park Service 1849 C Street, NW, Suite NC200 Washington, DC 20240	Laura Mahoney Heritage Preservation Services National Park Service 800 North Capitol Street, NW, Suite 200 Washington, DC 20002

All of us here are pleased to be able to assist you in this significant undertaking. If you have any questions about this letter or any of the enclosures, please contact Laura Mahoney of my staff by phone at (202) 343-9575, by fax at (202) 343-6004, or via e-mail at [Laura\\_Mahoney@nps.gov](mailto:Laura_Mahoney@nps.gov).

Sincerely,

Joseph T. Wallis  
Chief, State, Tribal & Local Programs

Enclosures

cc: Gary Frye - Business Manager

RECEIVED JUN 22 2000

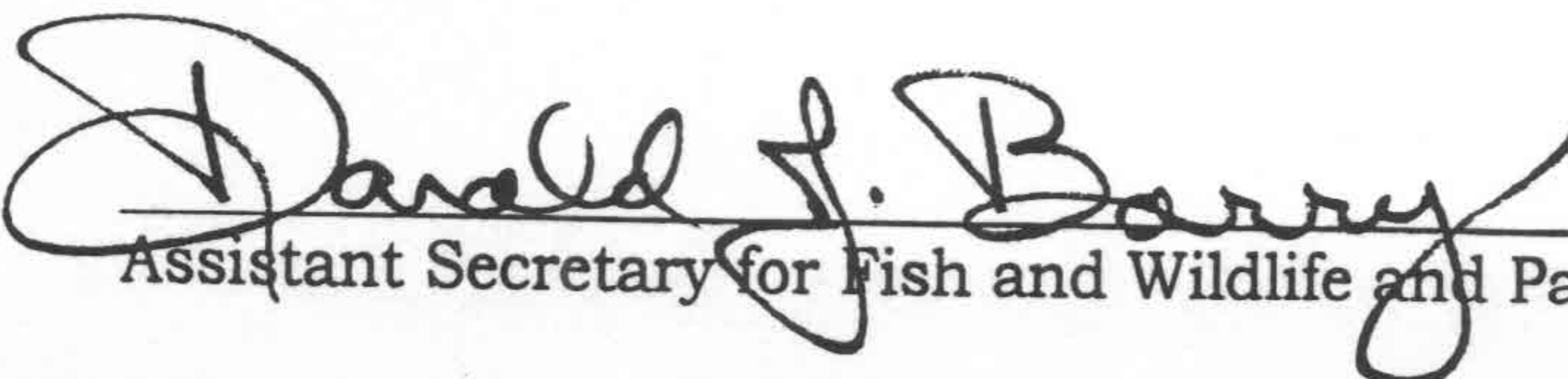
**FISCAL YEAR 2000 CERTIFICATE OF APPORTIONMENT OF GRANTS  
TO IMPLEMENT THE NATIVE AMERICAN GRAVES PROTECTION AND REPATRIATION ACT**

Pursuant to Public Law 106-113 which appropriated funds for Fiscal Year 2000, I hereby certify that this apportionment is based on amounts totaling \$2,159,310 available for grants to museums and Indian tribes to assist the implementation of the Native American Graves Protection and Repatriation Act. The amounts are subject to the following stipulations:

1. None of the funds may be used to process any grant or contract documents which do not include the text of 18 U.S.C. 1913 prohibiting lobbying with appropriated funds; and
2. Grants will be awarded pursuant to duly approved written applications. Use of these funds is subject to compliance with 43 CFR 12 (Subpart C for tribal grantees and Subpart F for non-profit grantees), and with the terms of the grant agreements to be executed by the Indian tribe or museum and the National Park Service. Non-Federal matching share is not required for these grants.

Agua Caliente Band of Cahuilla Indians, CA	60,600	Lac du Flambeau Band of Lake Superior Chippewa Indians, WI	74,125
AHTNA, Inc., AK	73,155	Mathers Museum, Indiana University, IN	7,130
Aleutian/Pribilof Islands Association, Inc., AK [2 projects]	133,090	Northern Cheyenne Tribe, MT	75,000
Arizona State Museum, University of Arizona, AZ	62,555	Paiute-Shoshone Tribe of the Fallon Reservation and Colony, NV	75,000
Bernice P. Bishop Museum, HI	74,935	Peabody Museum of Archaeology, MA [repatriation project]	15,000
Burns Paiute Indian Colony, OR [repatriation project]	8,215	Pueblo of Acoma, NM	75,000
Cape Fox Corporation, AK [repatriation project]	15,000	Rincon Band of Luiseno Mission Indians, CA	72,905
Colorado Historical Society, CO	58,120	San Francisco State University, CA	75,000
Delaware Tribe of Indians, OK	75,000	Seminole Nation, OK	69,905
Denakkanaaga, Inc., AK	75,000	Squaxin Island Tribe, WA	38,045
Denver Art Museum, CO	74,295	Stillaguamish Tribe, WA	70,240
Field Museum of Natural History, IL	61,020	Table Mountain Rancheria, CA	73,520
Ho-Chunk Nation, WI [repatriation project]	15,000	University of Alaska Museum, AK	18,765
Hoop Valley Tribe, CA	75,000	University of Denver Museum of Anthropology, CO	75,000
Hopi Tribe, AZ	75,000	Utah Museum of Natural History, UT	67,840
Iowa Tribe, OK [2 projects]	96,380	Winnebago Tribe, NE	75,000
Jamestown S'Klallam Tribe, WA [2 repatriation projects]	21,175	Yurok Tribe, CA	75,000
Kake Organized Village, AK	73,295		
		<b>TOTAL</b>	<b>\$2,159,310</b>

Done in the City of Washington the 15 day of June, 2000, as witness my hand and the seal of the Department of the Interior.

  
Assistant Secretary for Fish and Wildlife and Parks

## FY 2000 NAGPRA GRANT RECIPIENT CHECK LIST

The enclosed items, 1 - 4 plus 5 and 6 if not on file, must be signed, dated, and returned before we can obligate the funds for your grant. Return items 1 -- 6 to: Laura Mahoney, Heritage Preservation Services, National Park Service, 1849 C Street, NW, NC200, Washington, DC 20240. Please call Laura Mahoney if you have any questions at (202) 343-9575.

### Items to be returned to NPS:

- \_\_\_\_\_ 1) **Grant Agreement** (The front page must be signed on the left-hand side with the original signature of an authorized official; NPS signs the right-hand side). Both copies must be returned to NPS. NPS will keep one copy and return the other counter-signed copy to you for your files.
- \_\_\_\_\_ 2) **Grant Terms and Conditions** (these are included in the Grant Agreement. They include the NPS Summary of Planned Objectives and Results, and the NPS-approved budget—**see especially the LAST 2 pages of the agreement**). Please review these pages carefully—they contain the scope of work and budget that the tribe or museum is agreeing to perform under the terms of this agreement. In some instances, only partial funding is being awarded for a reduced scope of work, a budget line item may have been deleted, and/or NPS has specified requirements that must be met in performing the grant-supported work.
- \_\_\_\_\_ 3) **SF 424 - Application for Federal Assistance** (completed for the amount apportioned to the grantee and signed by an authorized official). All items should be completed (except items 3 and 4). Be sure to include the I.R.S. Employer Identification Number in Block # 6.
- \_\_\_\_\_ 4) **Assurances and Certifications:**
  - SF 424B - Assurances (Non)Construction Programs
  - DI 2010 - Debarment and Drug-Free Workplace Certifications (sign last page after checking boxes for parts A and C)
- \_\_\_\_\_ 5) **SF 1194 - Signature Cards** (\*Only if NPS does not already have a completed signature card on file and the authorized signatures are still valid). The lower left blank must be signed by an authorized official. Every payment request must be submitted to NPS with an original signature by someone who appears on this Signature Card. NPS' Accounting Office will not process payment requests that do not contain one of these signatures.
- \_\_\_\_\_ 6) **ACH Vendor/Miscellaneous Payment Enrollment Form.** (\*Only if NPS does not already have a completed ACH form on file). You must complete the **PAYEE/COMPANY INFORMATION** section, and have your bank complete the **FINANCIAL INSTITUTION INFORMATION** section. This will allow NPS to electronically transfer payment requests directly to your bank once they are approved. We anticipate this speeding up the payment request process significantly; your payments will be received 1-2 weeks faster than payment by Treasury check.

### Items to be used after the grant has been awarded:

- \_\_\_\_\_ 7) **SF 270 - Request for Advance or Reimbursement**
- \_\_\_\_\_ 8) **SF 272 - Federal Cash Transaction Report** (not used to request a new payment, but required to be sent to NPS later to report that Advanced funds were expended).
- \_\_\_\_\_ 9) **Interim Progress Report Format and Final Project Report Format**
- \_\_\_\_\_ 10) **Competitive Negotiations** (to document compliance with procurement requirements). It should be completed and kept in the grantees's files for audit purposes.

# INTERIM PROGRESS REPORT COVER SHEET

NAGPRA Grants to Indian Tribes and Museums

1. Project Title/Name: \_\_\_\_\_
2. NPS Grant Number: \_\_\_\_--\_\_\_\_--\_\_\_\_--\_\_\_\_
3. Identify any requested amendments (if any) to the original Grant Agreement (Summary of Planned Objectives and Results and/or Work-Cost Budget) and provide the NPS approval date(s).
4. On an attached sheet of paper, briefly describe progress to date in completing the project objectives. Address each objective in Condition 14--the approved Summary of Objectives and Results--of the Grant Agreement.
5. On an attached sheet of paper, describe what products have been completed to date?
6. On an attached sheet of paper, describe what products are currently underway?
7. On an attached sheet of paper, describe what products have not yet been initiated?
8. On an attached sheet of paper, describe what difficulties have you encountered to date in completing the grant work?
9. If applicable, describe on an attached sheet of paper, what changes in Products or Budget are anticipated?
10. Will you be able to complete this grant on time? If not, why not?

Signed \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Tribe/Museum \_\_\_\_\_

The Interim Progress Report is used to monitor the progress of grant-assisted activity at the mid-point of the grant period (as required by Condition 7 of the Grant Agreement). Attach additional sheets (as needed) to answer questions 3--10.

NOTE: If any changes in the grant Products or Budget (see question 9) are anticipated, please indicate when an amendment request will be submitted to NPS.

# FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted

## 2. RECIPIENT ORGANIZATION

Name:

Number and Street:

City, State and ZIP Code:

4. Federal grant or other identification number

5. Recipient's account number or identifying number

6. Letter of credit number

7. Last payment voucher number

Give total number for this period

8. Payment Vouchers credited to your account

9. Treasury checks received (whether or not deposited)

## 3. FEDERAL EMPLOYER IDENTIFICATION NO.

## 10. PERIOD COVERED BY THIS REPORT

FROM (month, day, year)

TO (month, day, year)

## 11. STATUS OF

FEDERAL

CASH

(See specific instructions on the back)

a. Cash on hand beginning of reporting period

\$

b. Letter of credit withdrawals

c. Treasury check payments

d. Total receipts (Sum of lines b and c)

e. Total cash available (Sum of lines a and d)

f. Gross disbursements

g. Federal share of program income

h. Net disbursements (Line f minus line g)

i. Adjustments of prior periods

j. Cash on hand end of period

\$

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

Days

## 13. OTHER INFORMATION

a. Interest income

\$

b. Advances to subgrantees or subcontractors

\$

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

## 15. CERTIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED

CERTIFYING

OFFICIAL

SIGNATURE

TYPED OR PRINTED NAME AND TITLE

DATE REPORT SUBMITTED

TELEPHONE (Area Code, Number, Extension)

THIS SPACE FOR AGENCY USE

# REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO.

0348-0004

PAGE

OF

PAGES

1.  
TYPE OF  
PAYMENT  
REQUESTED

a. "X" one or both boxes

☐ ADVANCE

☐ REIMBURSE-  
MENT

b. "X" the applicable box

☐ FINAL

☐ PARTIAL

2. BASIS OF REQUEST

☐ CASH

☐ ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO  
WHICH THIS REPORT IS SUBMITTED

4. FEDERAL GRANT OR OTHER  
IDENTIFYING NUMBER ASSIGNED  
BY FEDERAL AGENCY

5. PARTIAL PAYMENT REQUEST  
NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION  
NUMBER

7. RECIPIENT'S ACCOUNT NUMBER  
OR IDENTIFYING NUMBER

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)

TO (month, day, year)

9. RECIPIENT ORGANIZATION

Name:

Number  
and Street:

City, State  
and ZIP Code:

10. PAYEE (Where check is to be sent if different than item 9)

Name:

Number  
and Street:

City, State  
and ZIP Code:

## 11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$	\$	\$	\$
b. Less: Cumulative program income				
c. Net program outlays (Line a minus line b)				
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal payments previously requested				
i. Federal share now requested (Line g minus line h)				
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances				
1st month				
2nd month				
3rd month				

## 12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

# FINAL PROJECT REPORT COVER SHEET

## NAGPRA Grants to Indian Tribes and Museums

The Final Project Report is used to monitor the progress of grant-assisted activity at the end of the grant period (as required by the Grant Agreement). Attach additional sheets to answer questions 3--9.

**NOTE:** The Final Project Report is due within 3 months of the end date of the Grant Agreement. Failure to submit a timely and acceptable Final Report places a grantee in noncompliance with the terms of the Grant Agreement, and will result in payments being withheld, or in repayment of grant funds already paid to the grantee being required by NPS.

1. Project Title/Name: \_\_\_\_\_
2. NPS Grant Number: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_
3. Identify any requested amendments (if any) to the original Grant Agreement (Summary of Planned Objectives and Results and/or Work-Cost Budget) and provide the NPS approval date(s).
4. On an attached sheet of paper, briefly describe each of the final grant products and include a copy of any products required by Condition 16 of the Grant Agreement.
5. On an attached sheet of paper, describe any differences between the planned and actual products of the grant.
6. On an attached sheet of paper, briefly provide a final Work-Cost Budget breakdown.
6. On an attached sheet of paper, describe reasons for differences between the planned and actual work-costs.
8. If any publications were produced with this grant assistance, enclose three copies of the publication.
9. Provide any other data required by NPS Special Condition or instructions.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Typed Name \_\_\_\_\_

Title \_\_\_\_\_

Tribe/Museum \_\_\_\_\_