


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted National Park Service		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 40-04-GP-366		OMB Approval No. 0348-0038	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Delaware Tribe of Indians, 220 NW Virginia Avenue, Bartlesville, OK 74003					
4. Employer Identification Number 73-0948981		5. Recipient Account Number or Identifying Number 211		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 6/1/2004		To: (Month, Day, Year) 12/31/2005		9. Period Covered by this Report From: (Month, Day, Year) 6/1/2004	
				To: (Month, Day, Year) 3/31/2005	
10. Transactions:					
		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		0.00	21,675.74	21,675.74	
b. Recipient share of outlays				0.00	
c. Federal share of outlays		0.00	21,675.74	21,675.74	
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)				21,675.74	
h. Total Federal funds authorized for this funding period				73,953.00	
i. Unobligated balance of Federal funds (Line h minus line g)				52,277.26	
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 checked="" type="checkbox"/> Fixed					
b. Rate 19.9%		c. Base 15130.95		d. Total Amount 3,011.06	
				e. Federal Share 3,011.06	
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 Larry M. Whisenhunt, Comptroller			Telephone (Area code, number and extension) 918-336-5272 ext 523		
Signature of Authorized Certifying Official 			Date Report Submitted April 27, 2005		