



United States Department of the Interior

NATIONAL PARK SERVICE

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

IN REPLY REFER TO:

H36(2275)

MAR 9 2004

Mr. Brice Obermeyer
NAGPRA Director
Delaware Tribe of Indians
220 NW Virginia Avenue
Bartlesville, Oklahoma 74003

Dear Mr. Obermeyer:

On behalf of the National Park Service (NPS), I am very pleased to inform you that your project entitled "Repatriation from the State Museum of Pennsylvania" implementing the Native American Graves Protection and Repatriation Act (NAGPRA) has been selected for funding in the amount of **\$14,961**.

Enclosed are two copies of a grant agreement (Grant Number **40-04-GP-62R**) 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. A copy of the fully executed grant agreement will be returned to you for your files.

<u>All U.S. Postal Service Mail</u> (includes Express Mail)	**For Private (FedEx, UPS, DHL) Deliveries
Bob Ruff National Park Service Heritage Preservation Services 1849 C Street, NW (Org. Code 2255) Washington, DC 20240	Bob Ruff National Park Service Heritage Preservation Services 1201 Eye Street, NW 6 th Floor (Org. Code 2255) Washington, DC 20005

*****Recommended due to ongoing delays with U.S. Postal Service mail delivery in the Washington, DC area.***

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 Bob Ruff of my staff by phone at (202) 354-2068 or by e-mail at bob_ruff@nps.gov.

Sincerely,


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

Enclosures

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned By Federal Agency		OMB Approval No. 0348-0038	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code)					
4. Employer Identification Number		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)		9. Period Covered by this Report From: (Month, Day, Year)	
To: (Month, Day, Year)		To: (Month, Day, Year)			
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays				0.00	
b. Recipient share of outlays				0.00	
c. Federal share of outlays				0.00	
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)				0.00	
h. Total Federal funds authorized for this funding period					
i. Unobligated balance of Federal funds(Line h minus line g)				0.00	
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			Telephone (Area code, number and extension)		
Signature of Authorized Certifying Official 			Date Report Submitted January 22, 2003		