



United States Department of the Interior

NATIONAL PARK SERVICE

1849 C Street, N.W.

Washington, D.C. 20240

IN REPLY REFER TO:

H36(2256)

AUG 13 2009

Dr. Brice Obermeyer
Delaware Tribe of Indians
170 NE Barbara
Bartlesville, OK 74006

Dear Dr. Obermeyer:

This is to acknowledge the receipt of the Final Project Report for your FY 2004 Native American Graves Protection and Repatriation Act [NAGPRA] grant with the National Park Service (Grant Number **40-04-GP-62R**). The final report was approved on August 13, 2009. We appreciate receiving the report and being informed of the accomplishments achieved with this grant assistance.

The final Work-Cost Budget breakdown included in the report indicates that \$14,961 of the awarded grant funds were expended according to the budget indicated below:

The NPS-approved Work/Cost Budget is hereby revised to:

Line Item	Original Budget	Change	Revised Budget
Salaries and Wages	2,500.00	775.84	3,275.84
Fringe Benefits	241.00	48.93	289.93
Consultant Fees	1,150.00	(375.46)	774.54
Travel and Per Diem	6,456.00	(6,187.28)	268.72
Supplies and Materials	289.00	(64.83)	224.17
Services	820.00	(820.00)	0.00
Other Costs	1,000.00	(1,000.00)	0.00
Indirect Costs	2,505.00	(1,909.19)	595.81
Total	14,961.00	(9,531.99)	5,429.01

We also acknowledge receipt of the Final SF-269A. **The remaining balance of \$9,531.99 will be recaptured. Grant Number 40-04-GP-62R is now closed.** If you have any questions about your grant, please contact Vedet R. Coleman of my staff by phone at (202)354-2077, by fax at (202) 371-1794, or via e-mail at vedet_r_coleman@contractor.nps.gov.

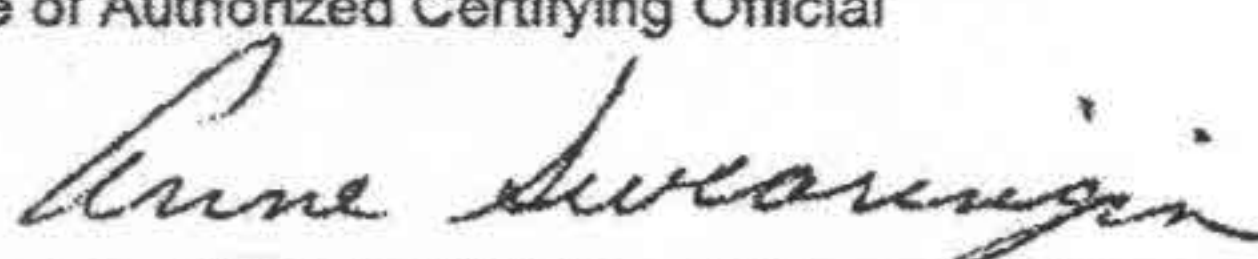
Sincerely,

Hampton Tucker
Chief, Historic Preservation Grants Division

FINANCIAL STATUS REPORT

(Short Form)

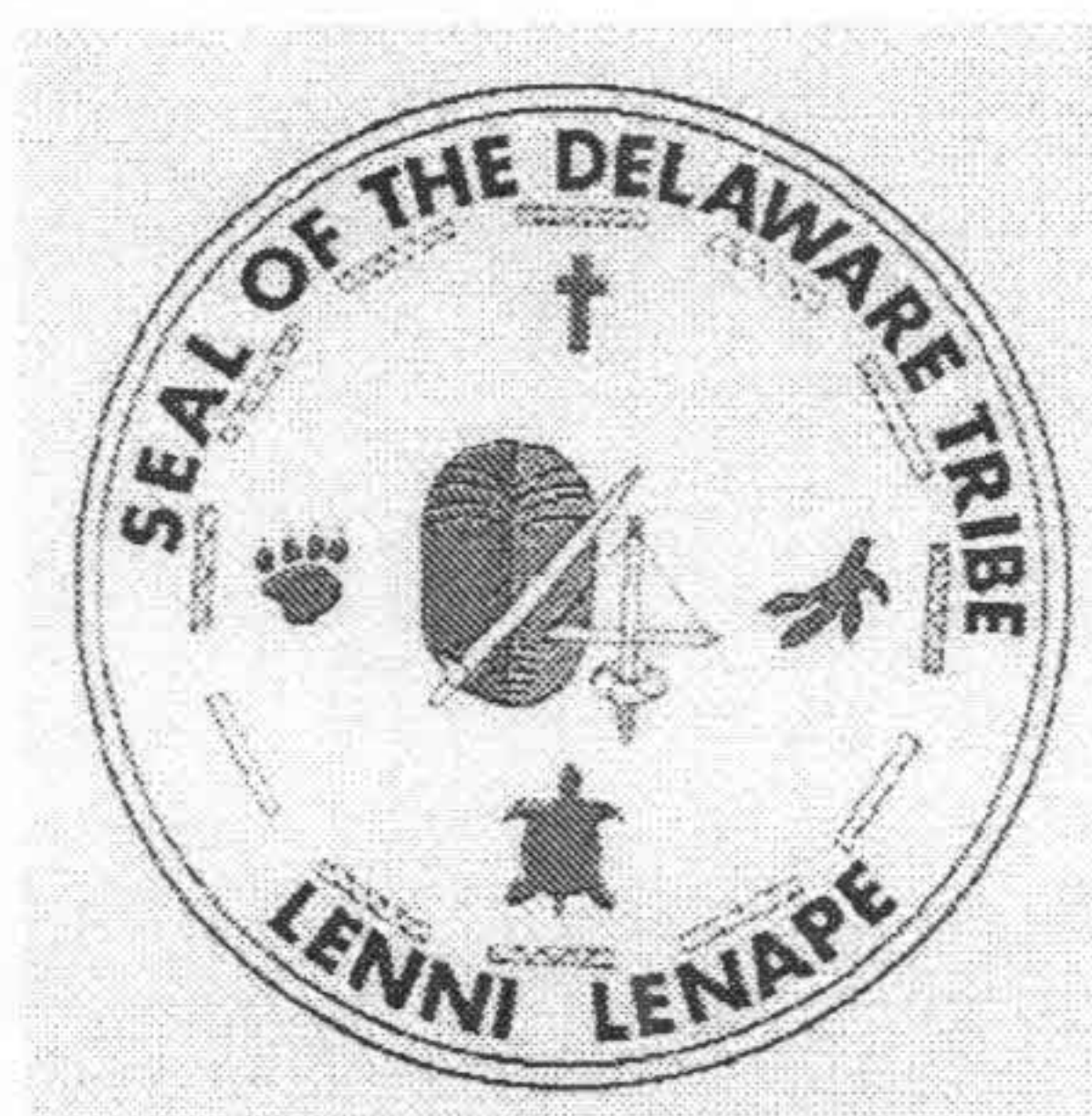
(Follow instructions on the back)

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-62R		OMB Approval No. 0348-0038	Page of 1 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Delaware Tribe of Indians, 170 NE Barbara, Bartlesville, OK 74006					
4. Employer Identification Number 73-0948981		5. Recipient Account Number or Identifying Number 211		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 instructions) From: (Month, Day, Year) 10/1/2003		To: (Month, Day, Year) 8/31/2005		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2003	
				To: (Month, Day, Year) 8/31/2005	
10. Transactions:		I Previously Reported	II This Period	III Cumulative	
a. Total outlays		0.00	5,429.01	5,429.01	
b. Recipient share of outlays				0.00	
c. Federal share of outlays		0.00	5,429.01	5,429.01	
d. Total unliquidated obligations				0.00	
e. Recipient share of unliquidated obligations				0.00	
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)				5,429.01	
h. Total Federal funds authorized for this funding period				14,961.00	
i. Unobligated balance of Federal funds (Line h minus line g)				9,531.99	
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 549.01	d. Total Amount 595.81	e. Federal Share 595.81	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Due to loss of federal recognition, the Tribe was unable to complete the project as planned.					
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 Anne Swearingin, Accounting Clerk			Telephone (Area code, number and extension) (918) 336-5272 Ext. 3		
Signature of Authorized Certifying Official 			Date Report Submitted July 8, 2009		

NSN 7540-01-218-4387

269-202

Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-111



DELAWARE TRIBE OF INDIANS

170 NE Barbara * Bartlesville, Oklahoma 74006
Telephone: (918) 336-5272 * Fax: (918) 337-6591

Grant No. 40-04-GP-62R

FINAL BUDGET

Date : July 6, 2009 Name of Grantee : Delaware Tribe of Indians

Contact Name: Dr. Brice Obermeyer Phone: 918-335-7026 Fax: 620-341-5785

Email: bobermey@emporia.edu

Line Item	Original Budget	Change	Revised Budget
Salaries and Wages	2,500.00	775.84	3,275.84
Fringe Benefits	241.00	48.93	289.93
Consultant Fees	1,150.00	(375.46)	774.54
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Indirect Costs	2,505.00	(1,909.19)	595.81
Total	14,961.00	(9,531.99)	5,429.01

- Please use the space below to explain any changes or discrepancies in your Final Budget.

Due to the loss of federal recognition, the Tribe was unable to complete the project as planned.



COMPETITIVE NEGOTIATION AND SMALL PURCHASES CONTRACTING DOCUMENTATION

This format should be used for contracts for professional services and other procurement to document compliance with Federal procurement standards.

1) Grant Number: 40-04-GP-62R

2) Contract Type: ☒ Professional Services
☐ Printing
☐ Equipment/Supplies
☐ Other

3) Addresses of Contractors Contacted

A	Name of Firm: <u>Elders Committee</u>	Contact Name: <u>Bonnie Thaxton</u>
	Street Address: <u>170 NE Barbara St</u>	
	City: <u>Bartlesville</u>	State: <u>OK</u> Zip Code <u>74006</u>
	Work Telephone: <u>(918) 336-5272</u>	Work E-mail: _____
B	Name of Firm: <u>Cultural Preservation Com</u>	Contact Name: <u>Jenifer Pechonik</u>
	Street Address: <u>170 NE Barbara St</u>	
	City: <u>Bartlesville</u>	State: <u>OK</u> Zip Code <u>74006</u>
	Work Telephone: <u>(918) 336-5272</u>	Work E-mail: _____
C	Name of Firm: _____	Contact Name: _____
	Street Address: _____	
	City: _____	State: _____ Zip Code _____
	Work Telephone: _____	Work E-mail: _____
D	Name of Firm: _____	Contact Name: _____
	Street Address: _____	
	City: _____	State: _____ Zip Code _____
	Work Telephone: _____	Work E-mail: _____
E	Name of Firm: _____	Contact Name: _____
	Street Address: _____	
	City: _____	State: _____ Zip Code _____
	Work Telephone: _____	Work E-mail: _____
F	Name of Firm: _____	Contact Name: _____
	Street Address: _____	
	City: _____	State: _____ Zip Code _____
	Work Telephone: _____	Work E-mail: _____
G	Name of Firm: _____	Contact Name: _____
	Street Address: _____	
	City: _____	State: _____ Zip Code _____
	Work Telephone: _____	Work E-mail: _____

4) Comparative Summary of Responses Received (must be AT LEAST 3 firms)

Use letter identifier from previous page.

Letter ID or Firm Name	Date quote obtained	Price Quote	Obtained how?
A.			
B.			
C.			
D.			
E.			
F.			
G.			

5) Basis for Selection: ☐ Lowest Price

☒ Other

For the purposes of an SAT Grant, Selection criteria DOES NOT have to be lowest price, however, the explanation for the basis used must be described:

We sought the consultation of the Delaware Tribe's Elders Committee and Cultural Preservation Committee in order to identify the most appropriate location for the anticipated reburial. Both Committees were selected because the members of each are uniquely qualified to identify an appropriate burial location that would be consistent with traditional Delaware burial practices and religious belief.

Bruce Obermeyer

Signature of Grantee Official

NAGPRA Representative 8/4/09

Title

Date