

FINANCIAL STATUS REPORT

1. GRANTEE (Names and complete address, including ZIP code) NIGHTMUTE TRADITIONAL COUNCIL P.O. BOX 90021 Nightmute, AK 99690	2 BIA AGENCY TO WHICH REPORT IS SUBMITTED		3. BIA GANT NUMBER	
	ACHORAGE NOME	BETHEL SOUTHEAST	FAIRBANKS	
	4 EMPLOYER IDENTIFICATION NUMBER 92 1037403		5 FINAL REPORT YES x NO	
	7 GRANT PROJECT PERIOD FROM(month,day,year) TO(month,day,year) 7/1/2007 9/30/2007		8 PERIOD COVERED BY THIS REPORT FROM(month,day,year) TO(month,day,year) 7/1/2007 9/30/2007	
STATUS OF FUNDS				

(A) Line Item No	(B) Account Description/Budget Item	(C) Approved Budget	(D) Expenditures this Quarter	(E) Year to Date Expenditure	(F) Balance
1	Personnel	12,342.00	11,244.39	12,342.00	-
2	Fringe Benefits				-
3	Freight	798.00	797.48	798.00	-
4	Materials	793.00	727.15	793.00	-
5	Totes for Batteries	1,929.00	1,928.84	1,929.00	-
6	Connex Storage	2,031.00	2,030.70	2,031.00	-
7	Boat Rental	360.00	360.00	360.00	-
8	Contractor	3,600.00	3,600.00	3,600.00	-
9					-
10					-
	Total Direct Cost	21,853.00	20,688.56	- 21,853.00	-
	Bureau Share of Direct Cost				

10. CERTIFICATION I certify to the best of my knowledge and belief that this report is correct and complete and that all expenditures reported were for the purposes set forth in the grant agreement	10a SIGNATURE OF AUTHORIZED TRIBAL OFFICER		10b. SIGNATURE OF GRANTS OFFICER REPRESENTATIVE	
	<i>Josep Post</i>			
	TYPED OR PRINTED NAME AND TITLE Josep Post		TYPED OR PRINTED NAME	
DATE: 9- -2007		DATE:		