

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which US Dept. of Energy	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) TCC Interior Athabaskan Energy Capacity Building Network-Grant No: DE-IE0000091	Page of 1 1 es
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3. Recipient Organization (Name and complete address including Zip code)
 Huslia Tribal Council PO Box 70 Huslia, AK 99746

4a. DUNS Number 176849503000	4b. EIN 91-1776426	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <small>Final</small>	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period (Month, Day, Year) From: 09/30/2017 To: 6/30/2021	9. Reporting Period End Date (Month, Day, Year) 6/30/2021
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10. Transactions Cumulative

(Use lines a-c for single or combined multiple grant reporting)

Federal Cash (To report multiple grants separately, also use FFR Attachment):

a. Cash Receipts	\$361,731.00
b. Cash Disbursements	\$361,731.00
c. Cash on Hand (line a minus b)	\$0.00

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	\$361,731.00
e. Federal share of expenditures	\$361,731.00
f. Federal share of unliquidated obligations	\$0.00
g. Total Federal share (sum of lines e and f)	\$361,731.00
h. Unobligated balance of Federal funds (line d minus g)	\$0.00

Recipient Share:

i. Total recipient share required	\$371,229.67
j. Recipient share of expenditures	\$371,229.67
k. Remaining recipient share to be provided (line i minus j)	\$0.00


Program Income:

l. Total Federal share of program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Flow-Thru						\$ -
	On-Site						\$ -
g. Totals:						\$ -	\$ -

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true,

a. Typed or Printed Name and Title of Authorized Certifying Official  Norman Carl Burgett, First Chief	c. Telephone (Area code, number, and extension) 907-829-2294 d. Email Address normanburgett@gmail.com e. Date Report Submitted: November 4th 2021
b. Signature of Authorized Certifying Official	14. Agency use only: Standard Form 425 - Revised 10/11/2011