Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 01/31/2019

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)
DEPARTMENT OF COMMERCE	31-40-MM447

3. Recipient Organization (Name and complete address including Zip code)

Recipient Organization Name: Omaha Tribe of Nebraska

Street1: 101 Main St

Street2:

City: Macy County: Thurston

State: NE: Nebraska Province:

Country: USA: UNITED STATES ZIP / Postal Code: 68039-3000

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)
118683309	470459805	3101104

6. Report Type	7. Basis of Accounting	8. Project/Grant Period		9. Reporting Period End Date
☐ Quarterly ☒ Semi-Annual ☐ Annual ☐ Final	☐ Cash ☒ Accrual	From: 07/01/2023	To: 06/30/2025	09/30/2023

10. **Transactions**	Cumulative
(Use lines a-c for single or multiple grant reporting)	
Federal Cash (To report multiple grants, also use FFR attachment):	
a. Cash Receipts	0.00
b. Cash Disbursements	0.00
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	36,374,797.00
e. Federal share of expenditures	221,574.38
f. Federal share of unliquidated obligations	0.00
g. Total Federal share (sum of lines e and f)	221,574.38
h. Unobligated balance of Federal Funds (line d minus g)	36,153,222.62
Recipient Share:	
i. Total recipient share required	0.00
j. Recipient share of expenditures	0.00
k. Remaining recipient share to be provided (line i minus j)	0.00
Program Income:	
l. Total Federal program income earned	0.00
m. Program Income expended in accordance with the deduction alternative	0.00
n. Program Income expended in accordance with the addition alternative	0.00
o. Unexpended program income (line l minus line m or line n)	0.00

11. Indirect Expense

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
			g. Totals:			

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

Add Attachment | Delete Attachment | View Attachment

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 18, section 1001)

a. Name and Title of Authorized Certifying Official

Prefix: | First Name: Theresa | Middle Name:

Last Name: Rachel | Suffix:

Title: AOR

b. Signature of Authorized Certifying Official

c. Telephone (Area code, number and extension)

402-682-1409

d. Email Address

theresa.rachel@theomahatribe.com

e. Date Report Submitted

10/27/2023

14. Agency use only:

Standard Form 425