RESOLUTION #: 03/23a/12

Enacted Charitable Contribution Policy and Grant Application

BE IT RESOLVED BY THE TRIBAL COUNCIL OF THE SAUK SUIATTE INDIAN TRIBE IN THE STATE OF WASHINGTON

WHEREAS, the Sauk-Suiattle Tribal Council (the "Tribal Council") is the governing body of the Sauk-Suiattle Indian Tribe (the "Tribe") of authority of the Constitution and By-Laws as approved by the Secretary of the Interior on September 17, 1975 and in accordance with the Indian Reorganization Act of June 18, 1934; and

WHEREAS, the Tribal Council is the governing body of the Tribe; and

WHEREAS, the Tribal Council is charged with the responsibility for the protection of the health, welfare and safety of the members of the Sauk-Suiattle Indian Tribe; and

WHEREAS, the Tribal Council oversees all grants and contracts; and

WHEREAS, the Tribal Council awarded Charitable Contributions to organizations outside to local community; and

THEREFORE BE IT RESOLVED that the Tribal Council enacts the Charitable contribution Policy and Grant Application; now

BE IT FURTHER RESOLVED, that the Sauk-Suiattle Tribal Council does not waive, alter, or otherwise diminish its sovereign immunity, whether express or implied, by virtue of the enactment of this resolution or any administrative or legal action which may arise directly or indirectly from the same, nor does the Sauk-Suiattle Tribal Council waive, alter, or otherwise diminish any rights, privileges, remedies, or services guaranteed by the Point Elliot Treaty; now

BE IT FINALLY RESOLVED, that the Sauk-Suiattle Tribal Council authorizes the Tribal Council Chairman to sign all documents on behalf of the Sauk-Suiattle Tribe and in his absence, the Vice-Chairperson of the Sauk-Suiattle Tribal Council is authorized to sign all documents.

CERTIFICATION

The above resolution was duly approved by the Sauk-Suiattle Tribal Council at a regular meeting held on March 19, 2012 at which time a quorum was present by a vote of:

3 For; 0 Against; 1 Abstain; 3 Absent.

Michael F. Hoffman, Chairman

ATTEST: J. Kevin Lenon, Secretary
CHARITABLE CONTRIBUTION  
Policy and  
GRANT APPLICATION

The Sauk-Suiattle Indian Tribal Council Policy for the Charitable Fund Grant.

CHARITABLE FUND GRANT: The Charitable Fund Grant is made available through the Sauk-Suiattle Indian Tribe’s ability to secure funds through the leasing of its gaming units allocation authorized by the State of Washington and is not a guaranteed source of income. The Charitable Fund Grant is subject to the availability of funds.

GRANT AWARD: The grant is awarded on a Bi-Annual Basis. The grant award shall be awarded each year at two different times: (1) the First Tribal Council meeting in April, and (2) the 1st Tribal Council meeting in September.

ELIGIBILITY

1. Applicants must be an organization that is located in the local community. (local community includes organizations that involve enrolled Sauk-Suiattle Tribal members)

APPLICATION DIRECTIONS

1. Applicants must completely fill out the application, date and sign the form.
2. Grants are limited up to $2,500, except in extraordinary circumstances where the need is documented.
3. Non-governmental applicants must provide copies of their 501(c)(3) status, if applicable.
4. Applicants must attend the Council Meeting in which the grants are awarded.
5. Applications must be received before the 1st regular Council Meetings In March and September.
6. Applicants must submit the application to the Chief Administrative Officer (CAO) or designee.

REVIEW FOR CONSIDERATION: The complete grant application will be routed to the following in the order listed.

a. **CAO or designee**: Determines if the grant application meets standards outline in this policy. If the request lacks specifics details the CAO/designee shall assist the requestor in the completion of the grant application requirements. If the grant...
application meets the standards then the CAO/designee shall initial and date application and forward to the Finance Department.

b. **Finance**: The CFO or designee shall develop a spread sheet, which includes, name, address, contact information and total amount requested.

c. **TRIBAL COUNCIL**: The Tribal Council shall review and approve by Tribal Council Resolution which applicants receives the grant.

**GRANT AWARD:**

a. **Chief Administrative Officer**: THE CAO or designee shall notify the recipients of the grant award that their attendance is required at the Tribal Council meeting to receive the grant.

**SOVEREIGN IMMUNITY**

The Sauk-Suiattle Indian Tribal Council does not waive, alter, or otherwise diminish its sovereign immunity, whether express or implied, by virtue of the enactment of this resolution or any administrative or legal action which may arise directly or indirectly from the same, nor does the Sauk-Suiattle Indian Tribal Council waive, alter or otherwise diminish any rights, privileges, remedies, or services guaranteed by the Point Elliot Treaty.
CHARITABLE CONTRIBUTION APPLICATION

Legal Name of Organization: ____________________________________________

Contact Persons’ names: ____________________________________________

[ ] Attached is the 501 C (3) [ ] Tax ID #: ____________________________

Address

1. Mailing: _________________________________________________________

2. Physical: _________________________________________________________

3. E-Mail Address: _________________________________________________

4. Web Address: ___________________________________________________

Phone Number(s): ___________________________________________________

Fax Number: _______________________________________________________

Principal Purpose and Service of Your Organization:

_________________________________________________________________

_________________________________________________________________

Approximate Number of persons served annually? ___ Is there a SSIT Tribal member involved? ___

Please select: Ages of Persons Served: [ ] 0-3; [ ] 4-6; [ ] 6 to 12; [ ] 13-18; [ ] 18 and up

Number of Employees: [ ] Full time: _____ [ ] Part time: _____

Number of Volunteers: [ ] Full time: _____ [ ] Part time: _____

Purpose for which funds are requested: __________________________________

_________________________________________________________________

Amount Requested: $_________ Period of time in which funds will be spent: ____________

Authorized Applicants Signature: ______________________ Date: ____________

Official Use Only Date Received _____________ Approved on _____________ Amount _____________