

Committee: Community Service
Date: 8-12-14 Committee Date: 9-15-14

Author: Jerry Snell
Sponsor: D. Lay, T. Glory Jordan, D. Walkingstick, J. Byrd,
J. Fishinghawk, F. Hargis, C. Snell, H. Buzzard,
V. Vazquez, J. Taylor, J. Fullbright, D. Thornton,
D. Garvin, L. Keener, C. Cowan Watts, J. Coates,
J. D. Baker 2

RESOLUTION NO. 64-14

COUNCIL OF THE CHEROKEE NATION

A RESOLUTION AUTHORIZING THE SUBMISSION OF AN APPLICATION TO THE UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES FOR FY15 FUNDING FOR LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

WHEREAS, the Cherokee Nation since time immemorial has exercised the sovereign rights of self-government in behalf of the Cherokee people;

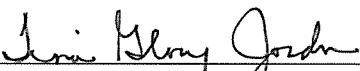
WHEREAS, the Cherokee Nation is a federally recognized Indian Nation with a historic and continual government to government relationship with the United States of America;

WHEREAS, the Cherokee Nation has had extensive experience administering energy assistance programs for low-income households.

BE IT RESOLVED BY THE CHEROKEE NATION, that the Cherokee Nation Tribal Council authorizes Bill John Baker, Principal Chief and/or his authorized delegate(s) to negotiate all contract(s) and any amendments thereto.

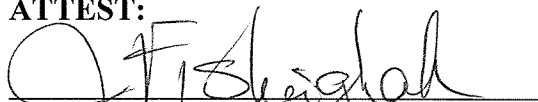
CERTIFICATION

The foregoing resolution was adopted by the Council of the Cherokee Nation at a duly called meeting on the 13th day of October, 2014, having 16 members present, constituting a quorum, by the vote of 16 yea; 0 nay; 0 abstaining.



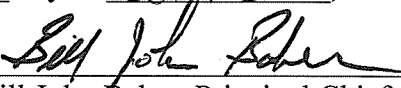
Tina Glory Jordan, Speaker
Council of the Cherokee Nation

ATTEST:




Jody Fishinghawk, Secretary
Cherokee Nation Tribal Council

Approved and signed by the Principal Chief this 27th day of October, 2014.



Bill John Baker, Principal Chief
Cherokee Nation

ATTEST:



Chuck Hoskin, Jr., Secretary of State
Cherokee Nation

CHEROKEE NATION GRANT/CONTRACT CLEARANCE FORM

* All Fields Are Required. If necessary attach additional sheets

- 1. Check One: [X] Grant [] Contract [] Other 2. Due Date: 09/01/14
3. Requesting CN Program: Family Assistance Department Contact Person: Jerry D. Snell
4. Program Title (Grantor Title) Low Income Home Energy Assistance Program
5. CFDA # 93.568 6. Opportunity #
7. Funding Agency: DHHS
8. Federal Register Date: 09/01/14 9. Resolution Required: [] Yes [X] No
10. Is there a matching requirement? [] Yes (answer 11, and or 12.) [X] No (go to question 13)
11. In-Kind Match: [] Yes, attach description and source for all [] No
12. Cash Match: [] Yes, attach description and source for all [] No
13. Grant/Contract Award Amt.*: \$1,347,577.00 14. Estimated Total Project Cost: \$1,347,577.00

*attach specifics of grant amounts terms

- 15. Multi-Year funding? [] Yes, how many years? yrs. [X] No
16. Is CN a Sub-recipient? [] Yes, from: [X] No
17. Sub-recipients from grant: [] Yes, to: [X] No
18. Limitation on IDC: [] Yes, limit: or 0.00% [X] No
19. Administrative Cost Cap: [X] Yes, limit: \$134,757.00 [] No
20. New Staff (Existing vs. New to Grant Contract): [] Yes, attach description [X] No

(All new staff to be hired is subject only to availability of funding. Existing staff will be used for short term funding.)

- 21. Coordination Partnership with Internal and/or External Programs: [X] Yes [] No
22. Existing AU for this program? [X] Yes, AU number: 341700 [] No

Attach Letters of commitment from internal and/or external entities to verify coordination partnership

- 23. Program Description: (In an attachment, briefly describe what you will do)
24. Outcome expressed numerically: (explain mechanism to capture this data and attach)

Grant Application Submittal Approved:

Lacey A. Horn, Treasurer

08/06/14

Reva Crawford, Grant Services

08/06/14

Cherokee Nation
Outline For Act/Resolution Justification Form

I. PURPOSE: Authorizing the Family Assistance Department to submit an application to the U.S. Department of Health & Human Services for FY '2015 Low Income Home Energy Assistance Programs (LIHEAP) funding.

II. FUNDING REQUIRED / SOURCE OF FUNDS:

Funding Contract Amount: \$1,347,577.00

Cash Match (If applicable): Amount -0- Source:

In – Kind (If applicable): Amount -0- Source:

Date Available: October 1, 2014

General fund: -0-

Motor fuels: -0-

Other (Specify): -0-

Attach Budget Justification Forms: N/A
(If the Request Requires Revisions of the Current Budget)

III. CAPABILITY TO PERFORM IF APPROVED:

A. Organizational Responsibility: Division: Human Services Department: Family Assistance

B. Staffing Required: Existing staff will be used

C. Will Any of the Services Be Outsourced or Contracted? \$Amount -0-

D. Space Required: None Location:

E. Service Area (counties etc.): Cherokee Nation Jurisdictional Boundaries

IV. IDENTIFY EXTERNAL –GOVERNMENT AGENCIES:

(Any Contact or Involvement such as BIA, IHS, etc. and the staff contact)

A. Agency: U.S. Department of Health & Human Services Division of Energy Assistance

B. Staff Person: Lauren Christopher

Cherokee Nation Act/Resolution Proposal Form

ADMINISTRATIVE CLEARANCE:

Program/Project Manager:

 Signature Date
Janet L. Ward 8/6/14

Department Director:

 Signature Date
Jerry D. Snell 8-6-14

Executive Director:

 Signature Date
Barbara Fomen 8/6/14

Controller (if needed):

 Signature Date

Government Resources Group:

 Signature Date

Administration Approval:

 Signature Date
[Signature] 8/12/14

Act

Resolution

TITLE: Low Income Energy Assistance Program

Department Contact: Jerry D. Snell, Director, Family Assistance Department

Resolution Presenter: Jerry D. Snell

Sponsor: Dick Lay

NARRATIVE:
(See Attached Outline for Information Needed)

The LIHEAP will provide residential heating assistance payments for approximately 2000 low income Tribal households. The program will also provide crisis assistance for 800 eligible households. If funding permits, cooling assistance payments will be provided for approximately 1806 households. The cooling assistance benefits will only be available for elderly and disabled households that received heating assistance during the FY '15 heating season.

LEGISLATIVE CLEARANCE

Legislative Aide:

 Signature/Initial Date
[Signature] 8/12/14

Standing Committee:

Community Service

Next Meeting Date

Chairperson:

 Signature/Initial Date
[Signature]

Returned to Presenter: _____
 Date