

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

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D. Garvin, L. Keener, J. D. Baker

RESOLUTION NO. 65-14

COUNCIL OF THE CHEROKEE NATION

A RESOLUTION AUTHORIZING THE FOOD DISTRIBUTION PRORAM TO SUBMIT AN APPLICATION FOR FUNDING TO THE UNITED STATES DEPARTMENT OF AGRICULTURE

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 successfully operated the Food Distribution Program and wishes to continue operation of said services

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.

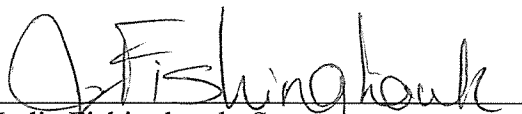
CERTIFICATION

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:




Jodie Fishinghawk, Secretary
Council of the Cherokee Nation

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: 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) Food Distribution
5. CFDA # 10.565 6. Opportunity # _____
7. Funding Agency: United States Department of Agriculture
8. Federal Register Date: 09/01/14 9. Resolution Required: Yes No
10. Is there a matching requirement? Yes (answer 11. and/or 12.) 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.*: _____ 14. Estimated Total Project Cost: \$3,381,851.00
- *attach specifics of grant amounts terms*
15. Multi-Year funding? Yes, how many years? _____ yrs. No
16. Is CN a Sub-recipient? Yes, from: _____ No
17. Sub-recipients from grant: Yes, to: _____ No
18. Limitation on IDC: Yes, limit: _____ or 0.00% No
19. Administrative Cost Cap: Yes, limit: _____ No
20. New Staff (Existing vs. New to Grant Contract): Yes, attach description 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: Yes No
(Attach Letters of commitment from Internal and/or External entities to verify coordination partnership)
22. Existing AU for this program? Yes, AU number: 3453451 3453452 3453453 3453454 No
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

08/07/14


Reva Crawford, Grant Services

08/07/14

Cherokee Nation
Outline For Act/Resolution Justification Form

I. PURPOSE: Authorizing the Food Distribution Program to submit an application for funding to the United States Department of Agriculture.

II. FUNDING REQUIRED / SOURCE OF FUNDS:

Funding Contract Amount: \$3,381,185

Cash Match (If applicable): Amount \$845,463 Source: _____

In – Kind (If applicable): Amount \$70,023 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: 65

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

Space Required: Tahlequah Food Distribution Center – Tahlequah
Jay Food Distribution Center – Jay
Salina Food Distribution Center – Salina
Sallisaw Food Distribution Center – Sallisaw
Stilwell Food Distribution Center – Stilwell
Nowata Food Distribution Center – Nowata
Collinsville Food Distribution Center - Collinsville

D. Service Area (counties etc.): All counties within the Cherokee Nation 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 Agriculture

B. Staff Person: Rosa Coronado, Dallas Regional Director

Cherokee Nation Act/Resolution Proposal Form

Act Resolution

TITLE: Food Distribution Program

DEPARTMENT CONTACT: Jerry D. Snell, Director Family Assistance Department

RESOLUTION PRESENTER: Jerry D. Snell

COUNCIL SPONSOR: Dick Lay

NARRATIVE:

This resolution is sought to fund the Food Distribution Program for the Fiscal Year 2015 (October 1, 2014 – September 30, 2015). The grant amount requested is \$3,381,158.00 of which 75% is federal funds and 25% tribal match of \$845,463.00. Of the tribal match \$70,023.00 will be an in-kind match using depreciation value of Food Distribution Centers.

The funding would provide distribution of food to approximately 11,000 participants a month, representing 4,900 Tribal households. This is accomplished through the current operations of 7 Food Distribution Centers located in the communities of Tahlequah, Jay, Salina, Sallisaw, Stilwell, Collinsville, and Nowata.

ADMINISTRATIVE CLEARANCE

Dept/Program:

[Signature] 8-15-14
Signature/Initial Date

Executive Director:

[Signature] 8-15-14
Signature/Initial Date

Treasurer: (Required: Grants/Contracts/Budgets)

[Signature] 8-15-14
Signature/Initial Date

Government Resources:

Signature/Initial Date

Administration Approval:

[Signature] 8/5/2014
Signature/Initial Date

LEGISLATIVE CLEARANCE:

Legal & Legislative Coordinator:

[Signature] 9/3/14
Signature/Initial Date

Standing Committee & Date:

Community Service
9/15/14

Chairperson:

[Signature] Date

Returned to Presenter:

Date

09-03-14 P03:17 RCVD